

The University of Baltimore must offer you financial aid to cover your basic [cost of attendance \(COA\)](#) during the academic year. This estimated COA – or financial aid budget – comprises standard educational expenses students incur (e.g. tuition and fees, housing/living expenses, books, transportation, and personal expenses). The University of Baltimore uses average amounts for all non-tuition and fees budget items. *We strongly encourage students to plan and budget their expenses and aid so that they stay within the COA set by the University.*

We do, however, understand that in certain situations the University's COA budget does not accurately reflect the educational costs a student will incur during the academic year. In such cases, you may appeal for a budget increase for documented expenses above those allocated by the school in your budget. **Only one budget increase request is allowed per year, and one request per household for living expenses.**

Please carefully read the information below regarding acceptable items for a budget appeal before completing the forms on Pages 2 and 3 and reviewing the [webpage](#).

Cost of Attendance appeals will be considered for the following items:

- Living expenses *more than* budgeted cost (includes rent)
- Books (*more than* budget cost)
- Child-care expenses*
- Dependent care expenses*
- Disability-related expenses not covered by an outside agency
- Medical, dental or optical expense not covered by insurance
- Additional course-related expenses (e.g. travel costs for students going abroad for required Field Education)
- Allowable transportation than the budgeted cost
- Computer purchase (one-time only)

Cost of Attendance Components will NOT be accepted for the following items:

- Credit Card Payment
- Purchase/Car Note or car maintenance
- Payments on private loan repayment
- Discretionary (optional) medical or dental or optical procedures- non-life-threatening
- Job interview expenses
- Spousal/Friend maintenance expense
- Student Conferences
- Expenses incurred during the non-enrollment period
- Cell Phone Purchases
- Consumer bills (i.e., cell phone, car payment, insurance, utilities, mortgage, etc.)
- Personal Garage Parking
- Apartment/Home Repairs
- Housing items (e.g., furniture, appliances)
- Travel cost for the death of a family member
- Pet or emotional/service animal or hobby expenses
- Items that are **not** above the COA components listed for the year

PLEASE NOTE: Submitting an appeal does not guarantee that an adjustment will be made. Increases are considered on a case-by-case basis and are subject to federal and institutional regulations. An approved appeal will not result in additional gift aid but rather will only create room in the budget for an additional source of loan funds from a student or parent loan. Only expenses incurred by and for the student during the current academic year will be considered. Adjustments must be reasonable; not all adjustments will be accepted due to the student's lifestyle choice.

*Must provide additional proof of child(s) age or dependent custody.

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The Office of Financial Aid will only review the COA Increase Request form if it is fully completed. Incomplete submissions will be denied.

Students **MUST** provide a statement on page 3 and a table of contents with page numbers, indicating the documents you submit in order.

Supporting documentation **MUST** be submitted along with the Budget Increase Request. Forms must be uploaded online via our Secure Upload. Please review the [Financial Aid Calendar](#) for the deadline for semester submissions.

First name: _____ Last name: _____ ID: _____

Semester(s) for Review: Fall 20 _____

Spring 20 _____

Summer 20 _____

Requesting consideration of an adjustment to the standard COA because:	Guidelines and documentation examples are needed to consider an adjustment to the standard COA allowance. <u>ALL selected items listed are needed for a complete review, or your appeal will be automatically denied.</u>	Required supporting documentation for the items requested:
The student pays more than the standard allowance for my housing (2,200 monthly maximum).	1. The student must explain in writing the extenuating circumstances that led to the higher-than-budget rent expense. 2. Lease -A notarized copy of the rental lease/mortgage bill, if handwritten, and a copy of 3 months' detailed utility bills are needed to confirm the address. (<i>Utility bills will not be used in the Budget appeal</i>) 3. Proof of rental/home insurance with the student's name listed.	<input type="checkbox"/> Attached
The student paid more than the standard allowance for the required books & supplies.	1. Receipts of paid purchases by the student 2. Receipts of items purchased with the course syllabus	<input type="checkbox"/> Attached
The student paid unusual expenses due to unforeseen and required medical, dental, or optical costs. (<u>not covered by insurance</u>). The maximum amount is 5,000 per academic year.	1. Only non-elective/medically necessary procedures, medication, and supplies are not covered/reimbursed by insurance. 2. Copy of itemized bill and/or EOB showing date and description of service. 3. Copy of paid receipts and medical insurance documentation (if applicable).	<input type="checkbox"/> Attached
The student pays for childcare/dependent expenses (maximum allowed- \$600/month per child, ages 0-4 \$300/month per child ages 5-13, \$400/month- for a legal dependent)	1. Notarized Childcare contract AND two monthly payments (canceled checks or online payments). - Must be licensed in the state of Maryland. 2. Expenses considered for children up to 13 years of age living in the household. 3. Child(s) Birth Certificate. 4. A copy of federal taxes for a prior year showing that a dependent was claimed on the taxes or A power of attorney (dependent) if the dependent is not listed on the taxes.	<input type="checkbox"/> Attached
Computer purchase (one-time purchase only, excludes 1L students)- Max 1,400	1. Allowed only once per career during enrollment at UBalt 2. Copy of paid receipt.	<input type="checkbox"/> Attached
Student Health Insurance for study abroad (\$3,000/year maximum)	Copies of paid receipts for travel-related expenses AND Copies of two receipts of payment	<input type="checkbox"/> Attached
Tuition and fees that exceed the amount included in the cost of attendance.	Copy of the tuition statement	<input type="checkbox"/> Attached
Commuting expenses that exceed the amount included in the cost of attendance.	1. Proof of address, which includes bills with an address listed within the last 30 days. 2. A copy of the course schedule. 3. Receipts for transportation expenses (example-tolls).	<input type="checkbox"/> Attached
Cost of obtaining a license, certification, or first professional credential	1. Proof of Payment 2. The documentation from the academic advisor or another University representative that license, certification, or first professional credential is required.	<input type="checkbox"/> Attached

The amount estimated is needed for the semester(s) _____.

Please explain the reason(s) for your appeal. Attach all supporting documents:

Please make sure to follow the steps below to complete your submission:

1. Attach required **ALL** supporting documentation (see table for requirements).
2. Table of contents with page numbers, indicating the documents you submit in order.
3. Upload to the [Office of Financial Aid's Secure Upload System](#).

I certify that the information provided on this form is accurate and complete as of this date. I understand that this appeal does NOT guarantee approval and could be denied. I understand that requesting a review of my cost of attendance is not guaranteed to result in a change to my financial aid eligibility, that this request is not an application for a loan, and that it does not release me from payment of any balance due on my student account. I understand my appeal must be submitted by the semester's due date. Appeals are reviewed within 3 weeks of receipt, and you will be notified via your UBalt e-mail address of the decision regarding your request.

Signature: _____

Date: _____