

The University of Baltimore is able to offer you financial aid to cover your basic [cost of attendance \(COA\)](#) during the academic year. This estimated COA – or financial aid budget – is comprised of standard educational expenses incurred by students (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 you 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 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.**

Prior to completing the form on Pages 2 & 3, please carefully read the information below regarding acceptable items for a budget appeal.

Budget appeals will be considered for the following items:

- Living expenses *in excess* of budgeted cost (includes rent, utilities, food, phone and cable)
- Books (*in excess* of budget cost)
- Child care expenses
- Dependent care expenses
- Disability-related expenses not covered by an outside agency
- Computer purchase (one-time only)
- Non-elective 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)
- Transportation costs *in excess* of budgeted cost
- Emergency travel (e.g. death in the family)

Budget appeals will NOT be accepted for the following items:

- Credit card payments
- Purchase/maintenance of a car (*Federal law prohibits the School from providing aid for consumer debt, which includes car payments and*
- Educational or private loan repayment (*car insurance.*) dental procedures
- Discretionary (optional) medical or dental procedures
- Job interview expenses
- Spousal maintenance expenses
- Other non-educational related expenses
- Student conferences
- Expenses incurred during periods of non-enrollment

PLEASE NOTE: *Submitting an appeal does not guarantee that an adjustment will be made. All adjustments are made at the discretion of professional judgment by Office of Financial Aid staff, and must be approved by the Director of Financial Aid. In most cases, an approved budget increase will result in an increase in loan eligibility.* Continue to Page 2

The Budget Increase Request form must be completed in full in order to be reviewed by the Office of Financial Aid. Incomplete submissions will not be reviewed. Supporting documentation must be submitted along with the Budget Increase Request. **Once the form is complete, a Financial Aid representative will contact you to schedule a meeting to review your request.** Forms may be uploaded online via our Secure Upload. Only **ONE** Appeal each year, NO EXCEPTIONS.

First name: _____ Last name: _____ ID: _____

Total amount requested per academic year (9 months) in for budget increase: \$ _____

BUDGET ITEM	REQUIRED DOCUMENTATION	COST/EXPENSE (per 9-month Academic Year)
Rent	Signed copy of lease/rental agreement AND Copies of two monthly payments made (cancelled checks or online payment screenshots)	\$
Utilities	Copies of 2 months of bills	\$
Books	Copies of receipts for course-related materials	\$
Child Care (\$600/month per child max)	Childcare contract AND two monthly payments (canceled checks or online payments)	\$
Computer purchase (one-time purchase only, excludes 1L students)	Copy of receipt of purchase	\$
Dental, medical or vision expenses (not covered by insurance)	Itemized bill showing amount covered by insurance and amount of out-of-pocket expense, AND receipt of payment	\$
Transportation	Copies of receipts for commuting-related expenses	\$
Student Health Insurance Cost (\$3,000/year max)	Copies of receipts for travel-related expenses AND Copies of two receipts of payment	\$
Other: _____	Copies of receipts or related documentation	\$

Other: _____	Copies of receipts or related documentation	\$

Other: _____	Copies of receipts or related documentation	\$

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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 supporting documentation (see table for requirements).
2. Upload to the [Office of Financial Aid's Secure Upload System](#).
3. A Financial Aid representative will contact you to schedule a meeting.

By signing this form you agree that all of the information and documentation presented to the Office of Financial Aid is accurate, to the best of your knowledge and that you will notify the Office of Financial Aid if there is any change to the information you have provided. 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: _____