

## 2023-2024 / Budget Appeal

Student Name: \_\_\_\_\_ Roosevelt ID #: \_\_\_\_\_

Street Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

The Office of Financial Aid Services has estimated your allowable education-related expenses for the Fall/Spring nine-month academic period or the Summer two-month academic period in accordance with federal regulations, including your enrollment, on or off campus housing status and your grade level. Your total financial aid cannot exceed your per semester or academic year "Cost of Attendance"/budget.

For consideration of expenses that you believe exceed these estimates you may complete this appeal and provide documentation and receipts for review. Your name and Roosevelt ID# must be on all attachments. **You will be notified within 7-10 business days about the outcome of your appeal.** You are responsible for the payment of institutional charges due to Roosevelt University by the published due dates. An appeal submitted without support documentation and receipts is incomplete.

**Deadlines:**  Fall & Fall/Spring Term – October 31<sup>st</sup>    Spring Term – March 31<sup>st</sup>    Summer Term – June 30<sup>th</sup>

A. Recurring Expense(s) – Based on fall/spring 9-month or summer 2-month academic year period -		B. What is the frequency of the expense (ex. weekly; monthly) -	C. Total expense amount (multiply column A by column B) -
Rent/Room (Lease Agreement)	\$		\$
Day Care (Contract)	\$		\$
Other:	\$		\$
Other:	\$		\$

A. Non-Recurring Expense(s) – Based on fall/spring 9-month or summer 2-month academic year		B. Total amount of expense (paid receipts must be attached) -
Computer/Laptop	\$	\$
Other:	\$	\$

**Examples of the types of documents to attach:**

- Rent: Copy of current lease executed with your signature –
- Day Care: Contract from service provider executed with your signature and payment receipt(s) –
- Computer/Laptop: Purchase receipt verifying funds you spent -

### CERTIFICATION AND SIGNATURE

- I understand that additional information/documentation may be needed. Any delay in response on my part can suspend or cancel this appeal.
- I understand the outcome of this appeal may change my 2023-24 FAFSA and/or my financial aid eligibility.

**By signing this appeal, I certify that the information and attached documentation are accurate and complete. I understand that any false information or misrepresentation of the details submitted can be cause for denial, reduction, withdrawal and/or repayment of financial aid and, I can be reported to the Federal Inspector General and may be subject to a fine, imprisonment or both under the provisions of the United State Criminal Code -**

PHYSICAL SIGNATURE – DO NOT TYPE/DO NOT USE ELECTRONIC

Student Signature

Date

Submit this form to the Office of Financial Aid Services in person (to 1M16 Wabash/Mezzanine Floor) or by email (to [fas@roosevelt.edu](mailto:fas@roosevelt.edu)) or by fax (to 312-341-3545) – Business hours are 9 a.m. to 5 p.m. Monday to Friday -