Office of Student Financial Services · 8000 Utopia Parkway · Queens, NY 11439
Phone: (718) 990-2000 Fax: (718) 990-5945

St. John's University
Office of Student Financial Services
2018-2019 Graduate Student Budget Appeal

The cost of attendance, also known as the budget, includes tuition, fees, books, supplies, and estimated personal living expenses. Federal regulations only permit increases to the budget for **educational-related expenses** incurred during the current academic year. Adjustments may take approximately 10 business days.

The Office of Student Financial Services encourages students to evaluate loan options carefully, borrow only what is needed, and remember that loans must be repaid. Before completing this form, please visit the Department of Education's Loan Repayment Calculators at: http://www.direct.ed.gov/calc.html

Complete this form to request a review of your specific circumstances and an adjustment to your cost of attendance:

STUDENT NAME:_____ ID NUMBER X-_____

TELEPHONE:_____ EMAIL: _____

ACADEMIC PERIOD (Circle One): SUMMER 2018 FALL 2018 SPRING 2019

COMMON REASONS FOR REQUEST INCLUDE BUT ARE NOT LIMITED TO:

___ OFF CAMPUS HOUSING
The standard cost of attendance allows for **$1744** per month in rent/mortgage for a student living off-campus. If your housing expenses exceed this figure, attach a signed copy of a full lease. **NOTE: YOUR NAME MUST APPEAR ON THE LEASE**

___ UNIVERSITY HEALTH PLAN
The student will be covered under the University Health Plan

___ MEDICAL/DENTAL/OPTICAL EXPENSES
Insurance policies must be in the student's name. Adjustments are not made for the amounts covered by insurance. Attach copies of all paid receipts. If you require continuing treatment, attach a letter from your doctor and an estimated cost for the necessary treatment.

___ TRANSPORTATION
The standard cost of attendance allows for **$103** per month in transportation expenses. If your monthly expenses exceed this figure, attach supporting documentation.

___ COMPUTER PURCHASE
Students are permitted a one-time adjustment to their cost of attendance for the purchase of a computer. **(Max. $2000)** Attach a copy of the purchase invoice. Please note: accessories such as scanners, software, etc. WILL NOT be taken into consideration.

___ CHILDCARE EXPENSES/DEPENDENT CARE
Attach written statement from person or facility caring for your child/dependent along with copies of **three** cancelled checks. Dependent care expenses can be accommodated for periods of time including, but not limited to, class time, study time, field work, research, internships, commuting time, and other educational endeavors.

___ OTHER EDUCATIONAL-RELATED EXPENSES
Please attach a written statement to your documentation explaining the reason(s) for your request.

PLEASE READ AND SIGN

I certify that to the best of my knowledge the information given is complete and accurate. I understand that the Office of Student Financial Services may request additional documentation to support my request. I also realize that if I do not comply with the request for additional proof when asked, my request for a budget increase will not be processed.

_____ _____
Student's Signature Date

Please return this form to:

The Office of Financial Aid Processing Center
St. John's University
P. O. Box 548
Randolph, MA 02368-0548

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