



**St. John's University**  
**Office of Student Financial Services**  
 2024-2025 Undergraduate Student Budget Appeal

The cost of attendance, also known as the budget, includes tuition, fees, books, supplies, and estimated personal living expenses. It serves as the maximum amount of aid that you can receive in scholarships, federal loans, and private loans. 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: <https://studentaid.gov/loan-simulator/repayment>*

**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 2024     FALL 2024/SPRING 2025**

COMMON REASONS FOR REQUEST INCLUDE BUT ARE NOT LIMITED TO:

\_\_\_ OFF CAMPUS HOUSING

The standard cost of attendance allows for **\$1,202** 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. **STUDENTS NAME MUST APPEAR ON THE LEASE.**

\_\_\_ TRANSPORTATION

The standard cost of attendance allows for **\$113** per month in transportation expenses. If your monthly expenses exceed this figure, attach supporting documentation.

\_\_\_ COMPUTER PURCHASE

Attach a copy of the purchase invoice (**Max. \$2,000**). Accessories such as scanners, software, etc. WILL NOT be taken into consideration.

\_\_\_ CHILDCARE EXPENSES/DEPENDENT CARE (**MUST BE STUDENTS DEPENDENT AS NOTED ON THE FAFSA**)

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. Attach a written statement from person or facility caring for your child/dependent confirming costs and proof not covered by a third-party.

\_\_\_ DISABILITY-RELATED EXPENSES

Students are permitted an adjustment to their cost of attendance for expenses associated with a student's disability, including special services, personal assistance, transportation, equipment, and supplies that are reasonably incurred and not provided by other agencies or covered by a third-party. Attach supporting documentation.

\_\_\_ 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

**Submit form and documentation by securely uploading to: [www.stjohns.edu/SFSdocumentupload](http://www.stjohns.edu/SFSdocumentupload)**