



**Office of Financial Aid Services**

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Bozeman, MT 59717-4160  
www.montana.edu/wwwfa

Tel (406) 994-2845  
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### Cost of Attendance Appeal

If you have additional expenses which exceed the standard cost of attendance at Montana State University for this academic year, you may appeal to have your Cost of Attendance (COA) reviewed. These additional expenses may include, but are not limited to; student health insurance, program and department fees, purchase of a computer, dependent care expenses, travel associated with program and research. **Note:** An increase to your cost of attendance may not result in a change to your financial aid award depending on the type and amounts of awards

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

**Instructions:** Please indicate the reason(s) for the appeal. Mark all that apply, providing the requested information, explanation, and required documentation. Incomplete appeals and / or appeals that insufficiently supported by explanation and documentation will be denied.

**Student Health Insurance** and any other program / department fees that have not already included in the cost of attendance budget. Check box and OFAS will check your University account.

**Dependent Care Expenses:** child care expenses for the current aid year

Name and ages of child / children: \_\_\_\_\_

Dollar amount paid for each child: \_\_\_\_\_

Name of Service provider (Facility or individual): \_\_\_\_\_

Please attach letter, statement, bill from your provider to show costs: \_\_\_\_\_

**Computer Purchase:** Check box and provide a receipt of purchase or MSU Bookstore documentation. The maximum allowed is \$1,500 unless you provide departmental support as required for the program.

**Other** (please explain the nature of the expenses and provide applicable documentation such as receipts supporting the expense): \_\_\_\_\_

\_\_\_\_\_  
Please attach additional pages if needed

I certify that all of the information provided on this form is correct. I understand that if I purposely give false or misleading information on this form I am liable for cancellation or repayment of all or part of my financial aid. I understand that the completion of this form does not guarantee an increase or adjustment in financial aid.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please remit form and attached documentation to the Office of Financial Aid Services:

Paperwork can be faxed, mailed, or dropped off. Note: Please do not attach documents and send through email. All documentation submitted to the Financial Aid Office cannot be returned so be sure to keep copies for your records.