## **Cost of Attendance Appeal**

Student Information

This form is used to request adjustments to budget components for educational expenses not already covered in the cost of attendance. Only educational expenses incurred within the academic year may be considered. *Receipts and/or documentation are required*. This may result in a revised financial aid offer.

## Academic Year 2024-2025

Return this completed form by:

Mail: Financial Aid & Scholarships University of Minnesota Crookston 2900 University Ave Crookston MN 56716

Email: umc-fa@umn.edu

Questions? Ph: 218-281-8550 umc-fa@umn.edu

Student information								
Full Name			Birthdate				Social Security Number	
Address (street or PO box, city state, ZIP)								
Student ID Number	UMC Ema					Contact Phone Number		
Costs of Attendance								
		Fall Budget Fall Actual			ıl	Spring Budge	t Spring Actual	Revised COA
Tuition & Fees								
Books & Supplies								
Room & Board								
Transportation Costs								
Personal/Misc./Loan Fees								
O.I.								
Other								
Computer purchase for educational use (one-time,								
online programs only)								
Disease manyide a statement to tall us who was assumed in a third a disease.								
Please provide a statement to tell us why you are requesting this adjustment:								
Certification								
You must sign this form certifying that the information you provided is true. Misrepresentation of facts in connection with this form								
may be sufficient cause, in and of itself, for cancellation or repayment of financial aid, whenever discovered.								
Student Signature				Da	ate			