Office of Financial Aid and Education
21 Montana Hall, PO Box 174160 Bozeman, MT
59717-4160 Fax:(406) 994-6962
Email: finaid@montana.ede (406) 994-2845

Cost of Attendance Appeal

If you incur educational expenses that exceed Montana State University's standard Cost of Attendance (COA) for the academic year, you may request a review of your COA. Eligible expenses may include, but are not limited to, student health insurance, program or department fees, purchase of a computer, dependent care expenses, and travel associated with program or research. Please note that an approved increase to your COA does not necessarily result in additional financial aid, as eligibility depends on the types and amounts of aid you have already received.

Name: _____ Student ID: _____

Please indicate the reason(s) for the appeal. Provide brief narrative and supporting 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 or other dependent: _____
  _____
  Dollar amount paid for each dependent: _____
  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 contact as noted above.
Paperwork can be faxed, mailed, uploaded, or dropped off. Note: Do not attach documents and send them through email.
All documentation submitted cannot be returned so be sure to keep copies of your records.