



Missouri Western State University
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Financial Aid
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BUDGET APPEAL REQUEST _____ / _____ **Award Year**

The cost of attendance budget is comprised of average expenses that a regular student may incur while attending classes during an academic year at Missouri Western. A student may request a cost of attendance budget adjustment if extenuating circumstances have resulted in additional expenses associated with completing a degree program. Examples of additional expenses include:

- **For a student with dependents, an allowance for costs expected to be incurred for dependent care.** This covers care during periods that include, but are not limited to, class time, study time, field work, internships, and commuting time for the student.
- **For a disabled student, an allowance for expenses related to the student’s disability.** These expenses include special services, personal assistance, transportation, equipment, and supplies that are reasonably incurred and not provided by other agencies.
- **An allowance for the one time direct costs of obtaining a first professional license or certificate for students who are enrolled in a program that requires such professional licensure or certification.** This allowance may only be provided one time per student per eligible academic program. Examples of allowable costs are fees charged to take a licensing exam and costs of applying for and obtaining the license or certification.
- **For study-abroad programs approved for credit by the student’s home institution, reasonable costs associated with such study.**
- **For students engaged in a work experience through a cooperative education program, an allowance for reasonable costs associated with such employment.**

Student Name _____ Gnumber _____

Please provide an explanation of the extenuating circumstances and additional expenses in the space below. Supporting documentation of these expenses should be provided as well.

Student Signature _____ Date _____

OFFICE USE ONLY:	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Budget to be increased by: _____ Comment: _____	
Financial Aid Signature _____	Date _____