

2009-2010 Cost of Attendance Appeal form



4505 Maryland Pkwy, Campus Box 452016, Las Vegas NV 89154-2016
Fax (702) 895-1353 Phone (702) 895-3424

Last Name (Please print) _____ First Name _____ MI _____

Student ID (L# on your Rebel Card) _____ Rebel Mail E-mail address _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Cell Phone Number _____

- Semester and Year in which appeal is being sought: (*check one*)
 Fall & Spring _____ Fall only _____ Spring only _____ Summer only _____
- Itemize below your expenses apart from the normal amount for tuition and fees. If you need additional space, or to further explain your circumstances, attach a separate sheet of paper (be sure to include your name, signature, UNLV ID number).

Expense Item(s)	Monthly Expense Amount	Total Yearly Amount	Documents required
Rent/Mortgage			Signed Lease/Mortgage
Utilities			Receipts/Statement
Transportation			Receipts/Statement
Books & Supplies			Receipts/Statement
Personal			Receipts/Statement
Other:			Receipts/Statement
Other:			Receipts/Statement

- If your COA appeal is approved **AND** you are eligible for additional funding, please indicate the type of aid you would accept:

<input type="checkbox"/> Alternative Loans	<input type="checkbox"/> Parent PLUS Loan
<input type="checkbox"/> Federal Work Study	<input type="checkbox"/> Subsidized Loan
<input type="checkbox"/> Graduate Plus Loan	<input type="checkbox"/> Unsubsidized Loan
- Please indicate the total amount of additional financial aid you are requesting: \$ _____

Certification: The information provided on this application and supporting documentation is true to the best of my knowledge. I understand that omissions or misrepresentations will invalidate consideration for special consideration. Additionally, I understand that if the circumstances that warranted the appeal request, it is my responsibility to immediately notify the Financial Aid and Scholarships Office. Failure to do so may limit my ability to be considered for future appeals. In some circumstances, students may be required to repay any aid that was awarded based on incorrect or misrepresented information

Student Signature _____

Date _____