



**BOSTON COLLEGE**  
CHESTNUT HILL, MASSACHUSETTS 02467

OFFICE OF STUDENT SERVICES  
LYONS HALL  
(800) 294-0294

## Graduate and Law Cost of Attendance Increase Request Appeal Form

Student's Name: \_\_\_\_\_

Eagle ID Number: \_\_\_\_\_ BC Email: \_\_\_\_\_

This form is to be used to request an increase in your cost of attendance for living expenses above the standard living expenses that we include in the cost of attendance. Please review the cost of attendance information at [bc.edu/gradaid](http://bc.edu/gradaid) before completing this form. As a reminder, living expenses included in the cost of attendance are for the student only. With the exception of dependent child care, expenses for spouses and dependents are not included.

- Documentation must be included for each expense request. Requests with no documentation will not be included in the review of this form.
- Refer to each section for the type of documentation needed.
- Expenses must have occurred during your enrollment period. Expenses outside this timeframe will not be considered.
- Your financial aid counselor may ask for additional documentation, if needed.

Expense	Monthly Amount	Documentation required
Rent/Mortgage	\$	Copy of lease, mortgage statement, letter from landlord
Phone	\$	Copy of billing statement (either mobile phone or landline can be included, but not both)
Electric	\$	Copy of billing statement
Gas/Oil	\$	Copy of billing statement
Internet	\$	Copy of billing statement
<b>Total:</b>	\$	<b>Note:</b> if total from above is less than \$2,080 per month, you do not need to submit this appeal—your costs are within the living expense allowance.
One-time Computer Purchase	\$	For the purchase of a computer, laptop, printer, and required software. Provide a receipt from the place of purchase with your name, date, and a list of the items purchased and their cost.
Dependent Childcare	\$	Students can include the amount of dependent childcare paid for the time period while the student was in school, working on school-related activities, or participating in clinical rotation or field placement. Please provide receipts and an explanation of what portion of the amount paid reflects the above.
Other	\$	Please describe expense below and provide appropriate documentation (attach additional sheet(s), if needed):  <b>Note:</b> it may be possible to include medical/dental expenses not covered by insurance that occurred during the academic year.

I understand that I am submitting this form and any accompanying documentation for review by the Graduate and Law Financial Aid Office and that approval of my request to increase my cost of attendance is not guaranteed. I acknowledge that an increase in my cost of attendance may increase my eligibility for additional educational loans. These loans will require credit approval and may have annual and/or aggregate limits. I understand that using additional loans will increase my overall student loan indebtedness that I will have to repay after graduation or when I leave school. I also understand that approval for additional loans is not guaranteed.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This section is for Graduate Financial Aid Office use only**

Approved    Denied   Date: \_\_\_\_\_   Amount of adjustment: \_\_\_\_\_

Approved by: \_\_\_\_\_