Extraordinary Expenses Appeal Questionnaire

(To be completed by student with unusual expenses related to items such as Unusual Medical Expenses (not covered by insurance), Disabilities, Child Care Expenses)

I am requesting that the additional and unusual expenses I and/or my family incur while attending college be reviewed for either a Cost of Attendance Adjustment or a Decrease of the AGI.

Expense Type	Expense Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Expense amounts for things like childcares should be the total amount for the current award year. Medical expenses can be what the family incurred in the previous year or projected for the current year.

Documentation to support the expenses must be provided with this form in order to be approved.

Please Note: Approval of an Extraordinary Expense will result in either an increase to the Cost of Attendance or a Reduction to the AGI (which ever is more beneficial to the student). Do not include recurring costs such as vacation expenses, and standard living expenses (e.g., utilities, credit card payments, children's allowances, etc.).

I agree that I will inform the financial aid office at Berkeley College immediately if the projected year unusual expenses change from what I have estimated here today.

_____ _____

Student Signature Date

_____ _____

Parent's Signature Date

(If student is dependent, parent signature is required.)