

**Cost of Attendance Appeal Questionnaire**

(To be completed by student with unusual expenses related to items such as Unusual Medical Expenses, Disabilities, Child Care Expenses)

I am requesting that the additional and unusual expenses I incur while attending college be added to my cost of attendance for the current Financial Aid Year \_\_\_\_\_.

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

Expense amounts should be the total amount for the current award year.

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

**Please Note:** Approval of an increase in Cost of Attendance **does not** mean that student will qualify for additional financial aid. Additionally, the following will not be considered unusual expenses: recurring costs such as vacation expenses, tithing contributions, and standard living expenses (e.g., utilities, credit card payments, children’s allowances, etc.).

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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.)