

BUDGET INCREASE REQUEST FORM

Office of Student Financial Aid
San Francisco State University
1600 Holloway Ave
San Francisco, CA 94132-4011
<http://financialaid.sfsu.edu>



Per Federal regulations, schools have the ability to exercise [Professional Judgment](#) with adjusting a student's financial aid eligibility based on their current living/financial situation. Although there may be a set budget for every student for every academic year, there can be exceptions to increase it.

Do NOT fax or e-mail. Please fill it out completely and make a copy for your records before submitting.

Student Information		
Last Name:	First Name:	Student ID:

Information to Review
You have indicated that you would like your Cost Of Attendance (COA) to be increased . In order to begin this appeal process, you must complete this form and provide any additional documentation supporting your request, based on the criteria that you select.
IMPORTANT REMINDER: This appeal CANNOT increase Grant or Federal Direct Loan amounts. If the appeal is approved, our office can only increase the amounts of either the Parent PLUS Loan , Graduate PLUS Loan , or Alternative Loan awarded to the student.

School Year and Semesters
Please clarify the school year that you are appealing for and what semesters.
Example: The 2024-2025 school year at SF State includes - Fall 2024, Spring 2025, & Summer 2025 semesters
Academic Year: 20____ to 20____
<input type="checkbox"/> Fall/Spring <input type="checkbox"/> Fall Only <input type="checkbox"/> Spring Only <input type="checkbox"/> Summer Only

Eligible Criteria
Please check the applicable box below based on what applies to your situation and provide the supporting documentation:
IMPORTANT NOTE: Letters from third party representatives must have an OFFICIAL LETTERHEAD and explain the situation in detail. Each letter must include: Individual's name, title/position, address, phone number, e-mail address, signature, and date.
<input type="checkbox"/> Computer – Submit official receipts confirming purchase or an official estimate for the computer purchase (Allowed only ONCE during the student's academic career)
<input type="checkbox"/> Departmental expenses required for major – Submit signed letter from on-campus department confirming so
<input type="checkbox"/> Medical or dental expenses – Submit signed a letter from hospital, doctor, or dentist confirming the medical expenses or official documentation showing the payments that have been made
<input type="checkbox"/> Mileage – Submit a signed statement itemizing number of days per week, mileage to and from, toll paid per day, and total (\$0.55 cents per mile)
<input type="checkbox"/> Child care expenses – Submit a signed letter from your childcare provider confirming the out of pocket expenses
<input type="checkbox"/> Increase in Housing payments – Submit official receipts of the changes in the expenses or a signed statement from landlord confirming that the monthly rate has increased
<input type="checkbox"/> Other: _____

Personal Statement

Please explain in detail the reasoning for your increase request. If you need more than the space provided in this box, please feel free to include additional paperwork with this statement.

Certification & Signature

I certify that all of the information reported on this worksheet is complete & correct.

Student Signature

Date