BURRELL COLLEGE of HEALTH SCIENCES

Cost-of-Attendance Review

Office of Financial Aid | Burrell College of Health Sciences

Submit this completed form and all required documentation to: ***financialaid@burrell.edu***

Part 1: Student Information

- Student Name: _____
- Student ID #: _____
- Burrell College Email: _____
- Phone Number: _____
- Date of Submission: _____

Part 2: Appeal Type & Term

(Check all that apply)

☐ **Change in Financial Circumstances** (Special/Unusual Circumstance Appeal)

☐ **Budget Increase Request** (Cost of Attendance Adjustment Appeal)

☐ **Daycare Expenses** (Cost of Attendance Adjustment Appeal)

☐ **Other:** _____

Appeal for Academic Term/Year: _____

Part 3: Reasons for Appeal

Please select the primary category of your appeal and provide a detailed, typed statement on a separate sheet. Attach the statement to this form.

Category (Select One):

☐ **Medical Expenses** (Uninsured medical, dental, or mental health costs for student or dependent)

☐ **Family Circumstances** (Change in household income, divorce/separation, death of a provider)

☐ **Clinical Rotations & Relocation** (Additional costs for required rotations, including travel, temporary lodging, duplicate rent, etc.)

☐ **Automotive** (Major repair or unexpected replacement necessary for school/rotations)

☐ **Technology** (Essential computer/equipment purchase or repair for academic work)

☐ **Other Unforeseen Emergency** (Please specify in statement)

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Part 4: Required Documentation

Your appeal must be supported by documentation. For each expense listed in your statement, provide receipts in chronological order.

- **Actual Receipts/Invoices:** Paid receipts, bills, invoices, or bank/credit card statements showing the transaction.
- **Estimated Receipts/Quotes:** For future or pending expenses (e.g., upcoming rotation travel), provide written estimates, rental agreements, or service quotes. **You must submit final receipts once the expense is paid.**

Acceptable documentation for submissions:

Detailed Appeal Statement (Typed, signed, and dated)

Medical/Dental: Itemized bills, insurance statements, receipts for payments.

Clinical Rotations: Rotation schedule/confirmation, rental agreements/leases, gas/travel estimates, utility setup fees.

Automotive: Repair estimate/invoice, documentation of necessity for school.

Technology: Sales quote or receipt for required academic equipment.

Income Change: Layoff notice, unemployment statement, most recent pay stubs.

Total Amount of Expenses Being Appealed: $ _____

Part 5: Student Certification, Authorization & Release of Information

I certify that the information provided on this form and in all supporting documents is true, complete, and accurate to the best of my knowledge. I understand that falsification of information may result in denial of my appeal and possible disciplinary action.

I authorize the Burrell College Financial Aid Committee to review my financial aid file as necessary to evaluate this appeal. I understand that submission of this appeal does not guarantee approval and that any adjustment to my cost of attendance or financial aid is subject to federal regulations and institutional policy.

Student Signature: _____

Date: _____

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For Office Use Only
Date Received: _____ **Initials:** _____
Committee Review Date: _____
Decision: [ ] **Approved** [ ] **Denied** [ ] **Pending - More Info Needed**

If Approved:

- Adjustment Type: _____
- Amount: $ _____
- Updated COA/Budget Attached: [ ] Yes
- Comments/Award Letter Sent: _____

If Denied:

- Reason for Denial: _____
- Instructions for Re-Appeal/Next Steps: _____
- Counselor Signature: _____ Date: _____

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