

Student Name: _____ Roosevelt ID #: _____

Street Address: _____ Telephone #: _____

City/State/Zip Code: _____

Email Address: _____

The Office of Financial Aid Services has estimated your allowable education-related expenses for the Fall/Spring nine-month academic period or the Summer two-month academic period in accordance with federal regulations, including your enrollment, on or off campus housing status and your grade level. Your total financial aid cannot exceed your per semester or academic year "Cost of Attendance"/budget.

For consideration of expenses that you believe exceed these estimates you may complete this appeal and provide