

Budget Appeal

Student's Name: _____ ID#: _____

Date: _____ College: _____

The Office of Financial Aid at the University of Tennessee Health Science Center (UTHSC) recognizes that a student's total expenses for the academic year may exceed the UTHSC Cost of Attendance. This appeal form allows the Office of Financial Aid to examine selected expenses and evaluate your option for additional loan funding through the Unsubsidized Loan, Graduate PLUS Loan, and the Parent PLUS Loan.

NOTE: The submission of this form does not guarantee approval. To be considered for the UTHSC Budget Appeal, the student must be currently enrolled. The appealable expenses MUST exceed the allotted amount of the Estimated Cost of Attendance <https://www.uthsc.edu/financial-aid/cost-of-attendance/>. Please check the appropriate reasons below and provide all required documentation to the Financial Aid Office.

The following expenses may be considered for Budget Appeals:

- Child Care Expenses
- Medical Expenses
- Books/Supplies that exceed the COA allocation

The following expenses are not considered for Budget Appeals:

- Telephone expenses, utilities
- Car payments, car insurance, and repairs
- Expenses incurred prior to the beginning of the academic year
- Expenses that exceed the COA allocation

How it Works

- If a Budget Appeal is approved, you will be notified and your budget will be increased to make room for additional aid, typically in the form of federal loan funding. Due to annual limits on Federal Sub/Unsubsidized loans, it is possible that your eligibility will be restricted to PLUS loans or private student loans. Please allow up to 1-2 weeks for review and decision.
- Please attach a full and detailed explanation of your circumstances along with this form. You must provide supporting documentation and copies of paid receipts:

CERTIFICATION:

All of the information on this form and on the supporting documents is true and complete to the best of my knowledge.

Student Signature

Date

Office Use Only

Approved _____

Rejected _____

Director/Associate Director:

Date: _____