University of Findlay

Office of Financial Aid

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P 419-434-4791

1000 N Main St, Findlay, OH 45840-3653

2026-2027 Cost of Attendance Appeal-Undergraduate

Name: _____ Student ID #: _____

Your calculated cost of attendance (COA) includes allowances for reasonable expenses that you may incur while enrolled at UF. Budget increases will be considered for education related expenses that exceed the allowances already factored into your cost of attendance.

NOTE: An increase in your COA may not result in a change to your financial aid award depending on the type and amount of awards. Completion of this form and submitting documentation does not indicate that your COA appeal will be automatically approved. All required documentation must be submitted and completed correctly within two weeks of the start of this process or the result will be forfeiture of your application being reviewed/approved.

Term Designation	***Student can submit ONE appeal per Semester****
I am requesting a budget increase for:	☐ Fall 2026 (Deadline: 10/01/26) ☐ Spring 2027 (Deadline: 3/01/27) ☐ Fall 2026 & Spring 2027 (Deadline: 3/01/27) ☐ Summer 2027 (Deadline: 6/01/27)

Incurred Expenses and Required Documentation

Please indicate the reason(s) for the appeal. Mark all that apply to you, complete the appropriate sections required based on the reason(s) for the appeal and attach the required documentation. Failure to support the circumstances with evidence will result in the appeal being denied for lack of documentation.

☐ Additional Educational Expenses

Required supplies that are associated with the student's program of study.	**$**
Computer Purchase—One-time adjustment for purchase of a computer to be used for educational purposes. (Increases will not be considered for optional software, games, carrying case and other non-essential accessories). *Please note, there is a $1,200 maximum considered for this expense and you can only appeal for this expense once during your time as a student at the University of Findlay.*	**$**
Required Documentation: Copy of advertisement, screenshot of computer in cart, or proof of purchase (copy of dated, paid receipt) in the student's name.	

☐ Housing Expenses

Rent —Only payments that occur during the academic year will be considered. For most students, this equates to expenses over a 9 month period. Utilities considered can include gas, electric, water and wi-fi on a monthly average.	**$**
Required Documentation: Copy of your current entire lease (all pages, including signature page with dates). If month-to-month, submit a letter from landlord indicating the amount you currently pay.	

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Name: _____ Student ID #: _____

Incurred Expenses and Required Documentation (Continued)

☐ **Transportation**

Please note: your current budget per term for transportation is 500 dollars per semester. If your expenses exceed this amount in the semester(s) you are appealing for, proper documentation must be provided for this expense to be considered. We will not consider car payments or rental car expenses.	**$**
Required Documentation: The student must provide appropriate documentation of transportation expenses that are related to your education.	

NOTE: *The Office of Financial Aid may limit the amount of a student's increase for any reason, and must decline an increase if it is determined that the cost was not incurred during the current period of enrollment or if it is not an allowable education-related expense.*

Certification and Signature

I certify that all information provided in this document is true, complete and accurate to the best of my knowledge. I further understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid. Also purposely giving false or misleading information on this worksheet may lead to fines, jail sentences, or both. I authorize the University of Findlay to make any change(s) necessary as a result of the updated information that I have provided. I understand it will be my responsibility to pay back all additional loans that are approved as a result of this appeal.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____
(Required, if student is Dependent)

Financial Aid Staff Signature: _____ Date: _____
(Required)