



## 2024-2025 COST OF ATTENDANCE APPEAL

Name of Financial Aid Applicant (print clearly):

Student ID Number

Last Name

First Name

Middle Initial

### Timeframes to file an appeal:

- Your appeal must be submitted and processed prior to the last day of your enrollment.
- Cost of Attendance Appeals may take up to 6 weeks to process.

Students may file an appeal for a Cost of Attendance adjustment or consideration of unusual expenses listed below.

My parents have incurred unusually high out-of-pocket/unreimbursed medical/dental expenses in calendar year 2024 totaling \$ . (You must attach documentation of all unreimbursed medical expenses such as evidence of payment or a statement from the medical provider indicating the amount the patient has paid out of pocket.)

My parents have incurred elementary/secondary school tuition or daycare expenses for their dependents in calendar year 2024 totaling \$ . (You must attach documentation of all expenses paid, such as evidence of payment or a letterhead statement from the school/daycare center indicating the amount paid.)

I have incurred unusually high out-of-pocket/unreimbursed medical/dental expenses in calendar year 2024 totaling \$ . (You must attach documentation of all unreimbursed medical expenses such as evident of payment or a statement from the medical provider indicating the amount paid out of pocket.)

I have incurred elementary/secondary school tuition or daycare expenses for my dependents in calendar year 2024 totaling \$ . You must attach documentation of all expenses paid, such as evidence of payment or a letterhead statement from the school/daycare center indicating the amount paid.)

I have incurred high transportation expenses because of my long-distance commute to CSUN and/or work. (Your home address must match your address on record with CSUN and your commute must be at least 25 miles one way. )

I am requesting a computer purchase increase to my Cost of Attendance of up to \$1,500. (You must submit a receipt for the computer purchase.)

I have courses that require additional expenses (other than books) during 2024-2025 academic year. (You must attach a signed statement listing the expense items and their costs. Include documentation indicating the required expenses for Fall 2024 and/or Spring 2025.)

I have incurred disability-related expenses that are not covered by a third-party agency in calendar year 2024 totaling \$ . (You must attach documentation indicating the required expenses for Fall 2024 and/or Spring 2025.)

**CERTIFICATION:**

“I certify that the information contained in this appeal and any supporting documentation or statements are true and complete to the best of my knowledge. I will provide additional information as requested by the Financial Aid & Scholarship Department. I understand any false information will because for the denial, reduction, and/or repayment of student financial aid and I may be subject to a fine, imprisonment, or both under the provisions of the U. S. Criminal Code.”

Student's Signature's:

Date:

\*Parent(s) Signature:

Date:

*\*Parental signature is required only if the expense was incurred by the parent(s). Only one parent is required to sign.*

**UPLOAD YOUR COMPLETED FORM TO FINANCIAL AID & SCHOLARSHIP DEPARTMENT**

**USING THE CSUN PORTAL:**

**Log onto the CSUN Portal and submit through Financial Aid Forms**

**OR VIA MAIL:**

**Financial Aid & Scholarship Department  
Bayramian Hall, Student Services Center  
18111 Nordhoff Street  
Northridge, CA 91330-8307**