



## 2024-2025 Cost of Attendance Appeal Form

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STUDENT NAME: \_\_\_\_\_ OSU ID: \_\_\_\_\_

### INSTRUCTIONS

Ohio State has established this appeal form to address special circumstances which may impact your eligibility for aid.

If you have additional expenses which exceed the standard cost of attendance at The Ohio State University for this academic year, you may appeal to have your [Cost of Attendance](#) (COA) reviewed. These additional expenses may include, but are not limited to: study abroad, aviation courses, student health insurance, program and technology fees, and thesis or dissertation supplies.

**Please complete sections A and B and attach appropriate documentation.**

An increase in your COA may not result in a change to your financial aid package depending on the type and amount of offers.

### RECOMMENDATIONS

It is recommended that students obtain counseling from Buckeye Link or a financial aid advisor at a regional campus or professional school prior to submission.

Please see [sfa.osu.edu/contact-us](https://sfa.osu.edu/contact-us) for full contact information for Buckeye Link, regional campuses, and professional school contacts.

#### To return this form:

Students may upload all forms and documents to the Secure Document Uploader: [sfa.osu.edu](https://sfa.osu.edu) | Fax to: 614-292-9264 |

Mail to: Buckeye Link, P.O. Box 183029 Columbus OH 43218-3029 | Questions: 614-292-0300 or [help.osu.edu](https://help.osu.edu).

*Note: Do not submit this form or any supporting documents via email.*

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### SECTION A

Please indicate the reason(s) for the appeal. Mark all that apply to you, complete the appropriate sections required based on the reason 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.

- Childcare Expenses:** Expenses paid for childcare during the 2024-2025 academic year.
  - Name and ages of child/children for whom childcare is paid: \_\_\_\_\_
  - Amount paid for each child: \$ \_\_\_\_\_
  - Name of agency or person providing the care:
    - \_\_\_\_\_
    - \_\_\_\_\_
  - Attach letter/bill from the provider or daycare documenting costs.
- Study Abroad:** Provide a copy of the budget sheet and decision letter from the Office of International Affairs.
- Student Health Insurance:** Must be enrolled and the charges must be reflected on the Statement of Account.
  - You are not currently on any other health insurance plan.
  - You will notify Buckeye Link if at any time you waive the Ohio State student health insurance.
- Aviation Courses:** The charges must be reflected on the Statement of Account or a letter from the department must be provided.
- Program and Technology Fees:** The charges must be reflected on the Statement of Account.
- Other:** Please specify and provide appropriate documentation including paid receipts.

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SECTION B

Please provide an explanation of the circumstances pertaining to your appeal:

Multiple horizontal lines for writing an explanation.

CERTIFICATION STATEMENT

I acknowledge that all of the information on this form is true and complete to the best of my knowledge. I know I may be required to provide further information if necessary.

I understand that the information I submit may be shared with university offices that have a need to know for purposes of reviewing and processing this appeal, and/or to comply with university policy or law.

HANDWRITTEN SIGNATURES ONLY.

Student Signature (do not type)

Date

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