



2019-2020 Cost of Attendance Appeal Form

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, computer purchase, 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 awards depending on the type and amount of awards.

BUCKEYE LINK STAFF MEMBER/ FINANCIAL AID STAFF SIGNATURE

This appeal requires initial contact with Buckeye Link, 281 W. Lane Ave., and the appropriate staff signature. Appeals received without the appropriate signature below will be delayed and will not be reviewed until contact is made with Buckeye Link. Please contact Buckeye Link at 614-292-0300.

If the student plans to attend a regional campus or the Agricultural Technical Institute (ATI), contact the financial aid administrator at the appropriate campus. The telephone numbers are: Lima, 567-242-7520; Mansfield, 419-755-4317; Marion 740-725-6389, Newark 740-366-9435 and ATI at Wooster, 330-287-1214.

Buckeye Link Staff Member / Financial Aid Staff Signature

Date

To return this form:

Students may upload all forms and documents to the Secure Document Uploader: sfa.osu.edu | Fax to: 614-292-9264
Mail to: Buckeye Link, P.O. Box 183029 Columbus OH 43218-3029 | Questions: 614-292-0300

Do not submit this form or any supporting documentation 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.

- Child Care Expenses:** Expenses paid for child care during the 2019-2020 academic year.
 - Name and ages of child/children for whom child care 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.

- Computer Purchase:** Provide copy of PAID receipt from purchase. Please note, there is a \$1000 maximum allowed.

- 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:

Lined area for providing an explanation of the circumstances pertaining to the appeal.

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.

PLEASE DO NOT SIGN ELECTRONICALLY

Student Signature

Date

FOEXAP

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