## THE UNIVERSITY OF RHODE ISLAND ENROLLMENT SERVICES

## COST OF ATTENDANCE APPEAL UNDERGRADUATE STUDENT ACADEMIC YEAR 2022-2023

## DIRECTIONS

If you have unusual expenses that are not taken into account in your standard budget, you may submit this form to have your budget reviewed and your financial aid eligibility re-evaluated. Submit the completed form with the required documentation by the deadlines listed below.

Fall term 2022 by December 1, 2022 Spring term by 2023 April 1, 2023 Summer term by 2023 July 1, 2023

	Idle initial)	Linius and the ID #	Dhono (include area as da)
Name (last, first, mid	Idle Initial)	University ID #	Phone (include area code)
Current Address (stre	eet and apartment number, or P.O. box nu	mber, city, state, ZIP code)	
SECTION 2. Ba	sis for appeal and supporting d	ocumentation	
Check the situation	on below that applies to you and at	ach the required documentation, ur	nless otherwise noted.
$\Box$ Tuition and	I fees —No documentation required. A	actual tuition and fees will be verified in	your University student accoun
	n our standard budget. Attach a copy o	e circumstances that cause your room of your lease, letter from landlord (on le	
$\Box$ Books and	supplies —Bookstore receipts		
□ Computer p	ourchase for educational use —Com	nputer and software receipt copies.	
		blic transit systems do not meet your to a that is not serviced by buses during y	
□ Child Care	-Submit copies of child care contract	/agreement and canceled checks.	
SECTION 3. Per	rsonal Statement		
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SECTION 3. Per	ribe your reasons for requesting a revie	w of your budget. Attach a separate pag	ge, if necessary.
SECTION 3. Per Please briefly descr SECTION 4. Cer You must sign th vith this form ma	ribe your reasons for requesting a revie rtification his form certifying that the informati	w of your budget. Attach a separate pag ion you provided is true. Misrepres elf, for cancellation or repayment o	entation of facts in connectic
SECTION 3. Per Please briefly descr Please briefly descr SECTION 4. Cer You must sign th	ribe your reasons for requesting a revie rtification his form certifying that the informati	ion you provided is true. Misrepres	entation of facts in connectio

The University of Rhode Island is an equal opportunity employer committed to the principles of affirmative action

Send Completed Form To:

University of Rhode Island Enrollment Services Green Hall 6 Rhody Ram Way Kingston, RI 02881 USA

Phone: (401) 874-9500 Fax: (401) 874-2002 Email: esmail@etal.uri.edu Website: web.uri.edu/enrollment