SOUTHERN
METHODIST
UNIVERSITY

2013-2014
FA Appeal
SMU ID#
Name:
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Division of Enrollment Services
Financial Aid

Student's Monthly Expenses
(for Budget Adjustments)

Please complete and return to your Financial Aid Advisor. ***Include supporting documentation for each item listed. No adjustment can be made without documentation.*** This budget is based on a nine (9) month academic school year.

_____ _____
Student Name Student ID Number

_____ _____
Student Email Student Telephone Number

Monthly Rent	$_____	**(include lease agreement)**
Utilities – Gas	$_____	
Electric	$_____	**(include utility bills)**
Water	$_____	
Phone	$_____	**(include phone bill)**
Cable/Internet	$_____	**(include cable/internet bill)**
Food	$_____	**(estimate 1 month food/supplies)**
Cell Phone	$_____	**(include cell phone bill)**
Car Insurance	$_____	**(document only if you pay/include statement)**
Health Insurance	$_____	**(document only if you pay/include statement)**
Other	$_____	**(documentation needed)**
Other	$_____	**(documentation needed)**
TOTAL	$	

(Car payments/credit card payments not eligible)

_____ _____
Student Signature Date

_____ _____
Parent Signature (if applicable) Date

PO Box 750181 • Dallas TX 75275-0181 • Phone: 214-768-3417
Fax: 214-768-3878 for undergraduate students