



SMU

SOUTHERN METHODIST UNIVERSITY

Division of Enrollment Services

(For office Use Only)

2013-2014 FA Appeal

SMU ID \_\_\_\_\_

Name: \_\_\_\_\_

# of Pages \_\_\_\_\_

Graduate/Professional Estimated Monthly Family Expenses
(Requested Increase to Cost of Attendance)

Student Name

Student SMU ID Number

Student Email

Student Telephone Number

Initial supporting documentation is required for each of the items below and must be submitted along with this form. Upon review, additional documentation may be requested if necessary. Items claimed on this form that do not include supporting documents will not be considered and the amount will be excluded from the calculation. Failure to provide documentation could result in a reduction of eligibility.

Fixed Monthly Expenses

(Amount does not change from month to month)

- Mortgage / Rent \$
Car payment \$ (Max amt. \$600)
Car Insurance \$
Health Insurance \$
Child care \$
\$
\$

Total \$

Variable Monthly Expenses

(Please provide an average over three months.)

- Utilities - Gas \$
Electric \$
Water \$
Misc. \$
Cable/Internet \$
Phone \$
Food (Documentation is not required for this item.) \$

Total \$

Other Monthly Expenses

(Please list any additional expenses you may incur on a monthly basis Example: Elder or disabled family member care, Monthly Medical expenses)

- \$
\$
\$
\$
\$

Total \$

All supporting documentation must be clearly labeled and referenced back to one of the items above.

One-Time Expenses or Special Circumstances (Documentation Required)

Blank lines for documentation

Student Signature

Date