

## Student Educational Cost Worksheet



Standardized budgets reflect an average cost for tuition and fees, books and supplies, living costs, and personal and incidental expenses including a transportation allowance. The standard budget is itemized in the Financial Aid Award Guide. A \$1,000 adjustment for students 24 years of age or over is included in the standard budget.

Only extraordinary expenses not incurred by the majority of students which occur during the academic year and which substantially exceed those allowed in the standard budget will be considered on an appeal basis. Students may appeal extraordinary expenses in the following categories: medical expenses, out of pocket childcare costs, transportation, costs associated with a disability, books/supplies/program costs, living costs, or other expenses determined by a Financial Aid Administrator to be a legitimate educational expense. Provide documentation such as receipts, bills, equipment or supply lists, doctors' statements. Expenses must be school related.

Complete the Student Educational Cost Worksheet, attach receipts or other acceptable documentation, and submit to the Office of Scholarship and Financial Aid. A Financial Aid Administrator will review the completed form and all documentation. You will be notified in writing within 20 working days of any decisions. Appeals submitted mid-August through mid-September may take up to six weeks to review. Requests for documentation or additional information may extend the processing time. You may discuss your status with a Financial Aid Administrator at any time during the appeal process. Changes in eligibility are usually retroactive to the beginning of your enrollment for this academic year.

All appeals must be supported by appropriate documentation. Providing fraudulent information can result in a fine, imprisonment or both.

*(Over for Worksheet)*

Name \_\_\_\_\_ Student ID \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Provide documentation of all starred(\*) items (usually most recent bill or statement)**

Expenses	Monthly Expenses	Approved Expenses <i>(office use only)</i>
Rent/Residence Hall/House Payment *	\$	\$
Renters/Homeowners Insurance * (If already included in house payment, do not list again)	\$	\$
Utilities *	\$	\$
Food	\$	\$
Auto Insurance (monthly) *	\$	\$
Commute miles from home to campus		
Repairs, tires, etc. *	\$	\$
License (annual amount)	\$	\$
Paid Medical/Dental Expenses *	\$	\$
Child Support Payment *	\$	\$
Dependent Care *	\$	\$
Other (specify)	\$	\$
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>

Books/Supplies\*                      Fall \$ \_\_\_\_\_      Spring \$ \_\_\_\_\_      Summer \$ \_\_\_\_\_

Tuition/Fees\*                      Fall \$ \_\_\_\_\_      Spring \$ \_\_\_\_\_      Summer \$ \_\_\_\_\_  
(Include MSUM tuition/fees as well as tuition/fees paid by you for enrollment at another school.)

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**RETURN THIS COMPLETED AND SIGNED WORKSHEET TO:**  
 Minnesota State University Moorhead • Office of Scholarship and Financial Aid • MSUM Box 90 • 1104 7th Avenue South • Moorhead, MN 56563  
 218.477.2251 • Fax: 218.477.2058 • E-mail: [fnaid@mnstate.edu](mailto:fnaid@mnstate.edu)