

Office of Financial Aid
910 Madison, Suite 530
Tel: (901) 448-7703
Email: fao@uthsc.edu

BUDGET APPEAL FORM

The Office of Financial Aid at the University of Tennessee Health Science Center (UTHSC) recognizes that a student's total expenses for the academic year may exceed the UTHSC Cost of Attendance. This appeal form allows the Office of Financial Aid to examine selected expenses and evaluate your option for additional loan funding through the Unsubsidized Loan, Graduate PLUS Loan, and the Parent PLUS Loan.

NOTE: The submission of this form does not guarantee approval. To be considered for the UTHSC Budget Appeal, the student must be currently enrolled. The appealable expenses MUST exceed the allotted amount of the Estimated Cost of Attendance <https://www.uthsc.edu/financial-aid/cost-of-attendance/>. Please check the appropriate reasons below and provide all required documentation to the Financial Aid Office.

Budget appeals will be considered for the following items:

- Costs that exceed budgeted Cost of Attendance allocation (e.g. Rent/Housing)
- Clinical Rotational Expenses
- Books & Supplies (must exceed budgeted COA allocation)
- Non-elective medical, dental or optical expenses not covered by insurance
- Exam (in excess of budgeted COA allocation)
- Disability-related expenses not covered by outside agency
- Additional course-related expenses (e.g., travel costs for students going abroad for required Field Education)
- Transportation costs (*must exceed* budgeted COA allocation)
- Emergency travel (e.g. death in the family)
- Unexpected major car repair

Budget appeals will **NOT** be accepted for the following items:

- Cell phone, car note, car insurance, credit card expenses
- Education or private loan repayment
- Discretionary (optional) medical or dental procedures
- Student conferences
- Purchase/maintenance of a car
- Job interview expenses
- Other non-educational related expenses
- Expenses incurred during periods of non-enrollment

PLEASE NOTE: Submitting appeal does not guarantee approval. All adjustments are made at the discretion of professional judgment by the Office of Financial Aid, and must be approved by the Director of Financial Aid. In most cases, an approved budget increase will result in an increase in loan eligibility.



Budget Appeal Form

Last Name: _____ First Name: _____ ID# 885 _____

Preferred Phone Number: _____ Alternate Phone Number: _____

Increase for Term: ☐ Fall 2025 ☐ Spring 2026 ☐ Summer 2026

Please explain the reason(s) for your appeal. **Attach all supporting documents:**

BUDGET ITEM	COST/EXPENSE
Housing (your share only if you are living with someone) Signed copy of lease/rental agreement <i>(must exceed the COA amount for Housing)</i>	\$
Utilities (your share only; gas/electric, etc.) <i>Copy of 2 monthly bills while a student</i>	\$
Books <i>(must exceed COA amount)</i>	\$
Dental, medical or vision expenses (not covered by insurance) <i>Itemized bill or letter head of Dr showing amount of out-of-pocket expense not covered by insurance</i>	\$
Travel (e.g. for study abroad, clinical rotation, death in family) <i>Signed copies of receipts for travel-related expenses(e.g hotel, mileage)</i>	\$
Transportation <i>Signed copies of gas receipts/commuting-related expenses (must exceed COA amount)</i>	\$
Other: _____ Signed copies of receipts or relate documentation	\$
Other: _____ Signed copies of receipts or relate documentation	\$
Other: _____ Signed copies of receipts or relate documentation	\$

Maximum of \$1,000/month; only allowed if single parent or if spouse is also enrolled in school or employed at least part time.

NOTE: For your above-listed living expenses (e.g. rent, food, utilities.), please provide copies of at least 2 month's bills or receipts for the indicated item(s) and total cost. Examples include: a copy of your lease or rental agreement to verify your monthly rent; a copy of your utility bill; one month's worth of food bills/receipts. By signing this form, you agree that all of the information and documentation presented to the Office of Financial Aid is accurate to the best of your knowledge, and that you will notify the Office of Financial Aid if there is any change to the information you have provided.



Appeals are generally reviewed within 2-3 weeks of receipt, and you will be notified via your UTHSC email address when that review has been completed.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Appeal approved: _____ Approved increase: \$ _____ Appeal Denied: _____

Reason/comments: _____

Staff name & signature: _____ Date: _____