



NEW YORK UNIVERSITY

A private university in the public service

Student Financial Services

NYU College of Dentistry

345 East 24th Street, 10th Floor

New York NY 10010

phone (212) 998-9830

fax (212) 995-4240

email dental.financial.aid@nyu.edu

REQUEST FOR BUDGET INCREASE COVER LETTER

Please submit with the Budget Appeal Form (Revised November 2013)

READ: IMPORTANT INFORMATION AND REQUIREMENTS FOR COMPLETING THIS FORM- EFFECTIVE IMMEDIATELY

1. Federal regulations set forth the elements contained in the budget. Generally, the regulations only permit increases to the budget for *education –related expenses of the student*.
2. Unless otherwise indicated, all financial information must represent the *average monthly amount*.
3. Revolving debt is not an educational expense and, therefore, a request based solely thereon will be denied.
4. If you request is for housing expenses and you are living off-campus, attach a complete and fully executed copy of your rental agreement. Additionally, individuals living off-campus must attach copies of all utility bills, including, but not limited to, electric, gas, phone, and cable.
5. Additional budget adjustments can be made for required academic exams such as the National Boards and the NERB **OR** WREB exams. Adjustments can be made **prior** to taking the exam/s **during the last year of study**.
6. Valid documentation is required for any childcare expenses and an average cost (50%) will be used to determine any budget increase.

The following expenses **cannot** be used to increase the student budget:

Car Expenses/Rentals/Parking/Cab Fares
Moving Expenses
Club Dues and Activity Fees
Job Search Expenses
Student Loan Repayment

Credit Card Debt
Entertainment
Furniture
Elective Medical Expenses
Weddings

Please note that requests for budget increases may be reduced or even denied based on the Assistant Director and/ or Manager's discretion. The financial aid office may exercise professional judgment to adjust for other reasonable expenses. The office will determine required documentation.

Student Signature

Date



**Office of Student Financial
Services
New York University
College of Dentistry**

BUDGET APPEAL

Name: _____

UID: _____

NYUCD recognizes that a student's total expenses for the academic year may exceed the NYU standard cost of attendance. This appeal form allows the Office of Student Financial Services to examine selected **education related** expenses and evaluate your option for additional loan funding. Please review your current budget on our website at <http://www.nyu.edu/dental/financialservices/index.html>

The Office of Student Financial Services will review this request within 3 weeks. Decisions are based upon your provided documentation and are directed by administrative parameters previously established by New York University. All decisions are final. **Incomplete requests will not be processed until all supporting documentation is received. There are only 2 budget increases allowed per academic year.**

1. Please check one:
- | | | |
|--------------------------|-----------------|-------------|
| | <u>Semester</u> | <u>Year</u> |
| <input type="checkbox"/> | Fall/Spring | _____ |
| <input type="checkbox"/> | Fall only | _____ |
| <input type="checkbox"/> | Spring only | _____ |

2. Please itemize below your additional budgetary needs, apart from the normal amount for tuition and fees. If you need more space, or to further explain your circumstance, please attach a separate sheet of paper (include your name and University I.D. on all sheets).

Budget Item	Monthly \$ Amount (where applicable)	Total \$ Amount (For entire period indicated in #1 above.)	Documentation*
Rent			Copy of signed lease
Food			Statement or receipt (exceeds \$555/month)
Utilities/Phone			Copy of Bill
Books & Supplies			
Computer (Note: only one purchase per degree)			Syllabus or receipts
Required Exam Fees (list exam and cost) D3/D4/PostGrad			Receipt/Copy of Bill
Other			Receipt/Copy of Bill

** Documentation must be provided for all claimed items.*

3. If your budget appeal is approved, it will *not* automatically increase your financial aid. If approved and your budget allows for additional loans, please indicate if you want NYU to suggest these loans and send a revised award letter to you (Federal loans will be suggested first, if you are eligible):
- YES, please suggest loans based on my new eligibility. (Note that you must apply for the additional loan. Instructions will accompany your financial aid award letter. If you do not want the suggested loan, you may disregard the application instructions.)
- NO, please adjust my budget, but do not suggest additional loans.

You confirm that all the information on this form is true and accurate to the best of your knowledge. The penalty for intentionally giving false information may include the forfeiture and return of any funds received.

Student Signature

Date

Please complete this form and submit it **WITH THE APPROPRIATE DOCUMENTATION** to the address or fax number below. You may obtain your decision results by viewing your record on NYU Albert at albert.nyu.edu

Office of Student Financial Services
New York University
345 E.24th Street
New York, NY 10010

Or by fax to 212-995-4240
Please include your University I.D. number (UID) on all faxed pages.

Note: Additional information may be requested at a later date and budget appeal cover sheet is required. Form Revised as of November 2013.