



S O U T H E R N  
M E T H O D I S T  
U N I V E R S I T Y

2009-2010  
FA Appeal  
SMU ID#:  
Name:  
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*Division of Enrollment Services  
Office of Financial Aid*

## Estimated Monthly Family Expenses (Requested Increase to Cost of Attendance)

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

\_\_\_\_\_  
Student SMU ID Number

\_\_\_\_\_  
Student Email

\_\_\_\_\_  
Student Telephone Number

SMU reserves the right to request additional documentation to support the items listed below at any point in time. If requested, any item which does not include supporting documents will not be considered and the amount claimed will be excluded from the calculation. Failure to provide documentation, if requested, could result in a reduction of eligibility. All supporting documentation must be clearly labeled and referenced back to one of the items below.

**Fixed Monthly Expenses**

(Amount does not change from month to month) **Documentation is NOT required unless requested by your advisor.**

Mortgage / Rent	\$ _____
Car payment	\$ _____
Car Insurance	\$ _____
Health Insurance	\$ _____
Child care	\$ _____
_____	\$ _____
_____	\$ _____

**Total** \$ \_\_\_\_\_

**Variable Monthly Expenses**

(Please provide an average over three months.) **Documentation is NOT required unless requested by your advisor.**

Utilities - Gas	\$ _____
Electric	\$ _____
Water	\$ _____
Misc.	\$ _____
Cable/Internet	\$ _____
Phone	\$ _____
Food	\$ _____

**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) **Documentation is NOT required unless requested by your advisor.**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**Total** \$ \_\_\_\_\_

**“One-Time” Expenses or Special Circumstances** (Documentation Required)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Date