

A. Student Information

Office of Scholarships and Financial Aid (OSFA)
928-523-4951
Financial.aid@nau.edu
nau.edu/OSFA
nau.edu/OSFAdoc-upload

Cost of Attendance Appeal Affidavit – Medical, Dental or Optical Expenses

Student Name:				7-digit NAU ID Number	:				
Phone:				NAU Email:					
B. Expenses Related to Out of Pocket Costs for the Student's Medical, Dental or Optical Expenses Provide copies of Itemized receipts, in the student's name, listing expenses incurred, expense amount, paid amount,									
date paid and must be on business letterhead or invoice. Only expenses not covered by insurance, health savings plans or other parties can be considered. Only the student's portion of these expenses can be considered.									
Detailed Description of Expense			I I		Date		Amount Paid		
Total Amount of Expenses Paid									
C. Medical, Den	tal or Option	al Insurance							
	paid amount	eceipts and insurance billing c, date paid and must be on ered.							
List the type of (Medical, Dental o	-	Insurance Provider Name				Amount Paid Per Month			
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D. Agreement and Understanding							
By signing below, I acknowledge that I have read and understood all the information outlined in this form. I attest that all information that I am providing is true and accurate. I acknowledge that I understand that only expenses incurred by me, as the student, are considered for the appeal process.							
Signature must be hand-written, typed or electronic signatures will not be accepted.							
Typed – Student First and Las	t Name						
Student Signature							
Date							