

**Cost of Attendance Appeal
 Affidavit – Program Expenses**

| A. Student Information | | | |
|--|---------------------------|-------------------------------|-----------------------|
| Student Name: | | 7-digit NAU ID Number: | |
| Phone: | | NAU Email: | |
| B. Short-Term Housing / Utility Expenses | | | |
| Provide copies of paid receipts and a copy of your clinical rotation schedule / student teaching assignment, etc. | | | |
| Change in policy: Students no longer have to complete the clinical before submitting paid receipts. In order to be considered for the summer 2024 term, all receipts must be submitted before the Budget Appeal deadlines. | | | |
| Detailed Description of Housing / Utility Expense | Location (City and State) | Total Cost | I am responsible for: |
| | | | % |
| | | | % |
| | | | % |
| | | | % |
| | | | % |
| Total Short-Term Housing / Utility Expenses | | | |
| C. Books, Supplies, and Equipment Expenses | | | |
| Provide copies of paid, itemized receipts in the student’s name for each item listed. | | | |
| Detailed Description of Items Purchased | Vendor / Business | Date Paid | Amount Paid |
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| Total Books, Supplies, and Equipment Expenses | | | |

