

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 - Transportation

A. Studen	t Inform	atio	n					
Student Name:						7-digit NAU ID Number:		
Phone:					NAU Email:			
B. Commu	ting Exp	ense	!S					
Include a co	py of an	elect	ronic ma	p sho	wing distance trave	eled.		
Distance driven - Round Trip		ays	Total miles per week	Address travelling from destination name, address, o zip code		ess, city, state and	Address Traveling to *Include destination name, address, city, state and zip code	
C. Major V	ehicle R	Repai	ir or Ma	inten	ance Costs			
	Inclu	ude c	opies of	paid <u>,</u> i	itemized receipts i Quotes canno	in the student's na ot be considered.	ame on busi	ness letterhead.
List whether Repair (R) or Maintenance (M)		Date of Repair / Maintenance			Detail of what expense was incurred		ed	Amount Paid
Total Major Vehicle Repair or Maintenance Costs								



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D. Vehicle Insurance							
Name of Insurance Provider	Amount Paid						
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 Last Name							
Student Signature							
Date							