



GOLDEN GATE UNIVERSITY

FINANCIAL AID

Cost of Attendance/Budget Petition Form 2026-2027

Name: _____ GGU ID: _____
E-mail: _____ Daytime Phone: _____
Amount Requested: _____ Semester/Year: _____

The Cost of Attendance (COA) is calculated based on a cross section of the student population in the Bay Area. Consumer debt (*i.e.*, credit card debt, high-cost apartment, car loans and/or other educational debt) may not be considered for budget increases. A student who experiences a change in circumstances (*i.e.*, unexpected medical expenses, childcare expenses, emergencies) may file a petition to be considered for additional funding. A petition may only be considered after the expense has been incurred and only if the student was enrolled during the period the expenses happened.

To request a budget increase, you must:

- ☐ Meet with a member of the financial aid staff to determine if a COA budget petition is the best way to meet the expenses of your change in circumstance;
- ☐ Review and thoroughly complete steps 1, 2, and 3 (on the reverse side of this form);
- ☐ Provide detailed written explanation of the special circumstance including your understanding of your total debt load and future payments based on steps 2 and 3. Your statement should also include disclosure of any additional financial resources you have available to you, including, but not limited to: child support, social security, disability, personal income, etc.
- ☐ Provide supporting documentation of the circumstances outlined in your statement;
- ☐ **Deadlines:** Submit this form during the semester in which the expense was incurred but no later than **November 25, 2026 for fall** semester or **April 19, 2027 for spring** semester.

Petitions may take up to three weeks for review. If approved, a student's additional loan eligibility will be increased. Approval of a petition does not guarantee the student will be able to obtain the loan funds from the lender and does not automatically constitute that a similar petition may be approved in the future.

The Financial Aid reserves the right to verify all documentation submitted. Any falsification of documents or other fraudulent activities may result as automatic denial of this petition, loss of all future financial aid and/or be reported/become part of the student's official school record.

My signature below acknowledges my understanding of the above.

Signature: _____ Date: _____

1. Statement of Monthly Expenses

Please list all monthly expenses as indicated:	Amount:	For office use only:
HOUSING		
Rent/Home Mortgage		
Gas/Electric		
Water		
Garbage		
Cable/Internet		
Phone Home/Cell		
TRANSPORTATION		
Car-Gas		
Car-Insurance		
Car-Monthly Payment		
Commuting Expenses		
FOOD		
Groceries		
Eating Out		
OTHER (please specify)		
Clothing		
Dry Cleaning/Laundry		
Medical/Dental Care/Prescriptions		
Entertainment		
Health Club		
Health Insurance Medical/Dental		
Other		
Other		
Other		
TOTAL AVERAGE MONTHLY EXPENSES		

2. Review total debt:

Visit <https://studentaid.gov/> (you will need to log on). Review your loan history. Attach a print-out of your loan history table. If you have accepted private loans, please make sure to indicate your total private loan debt in the statement you are providing for this petition.

3. Review loan repayment plans:

Visit <https://studentaid.gov/> and go to Managing Repayment > Repayment Plans and Calculators. After reviewing the repayment plans and calculators, choose the plan you anticipate using and enter your total debt into the calculator. Attach a print-out of the estimated monthly payment. If you have accepted private loans, contact your lender to estimate your future monthly payments and make sure to indicate your estimated monthly payments in the statement you are providing for this petition.

For Office Use Only

Semester: _____ Met with FA Staff _____ on _____

☐ Approved Amount Approved: _____

☐ Denied Comments: _____

Notified on: _____ via: _____ by: _____