

**SETON HALL UNIVERSITY SCHOOL OF LAW**  
Office of Enrollment Services

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

\_\_\_\_\_  
Student ID

**Request to include Health Insurance in Financial Aid Budget**

**Indicate Academic Year:** \_\_\_\_\_ - \_\_\_\_\_

Please list the total additional amount that you will need to cover your health insurance expense for the academic year. \$ \_\_\_\_\_. Your documentation should support this amount.

**Supporting Documentation:**

\_\_\_\_\_ **Health Insurance** – Health insurance for yourself may be added to your Cost of Attendance if you are not covered by your parent’s or spouse’s insurance.

\_\_\_\_\_ Are you taking the health insurance through the law school?  
(No documentation other than this form is needed.)

\_\_\_\_\_ Are you taking the health insurance on your own?  
(Attach documentation of annual cost.)

*The Academic Year Financial Aid Budgets (Cost of Attendance) are calculated for the fall/spring 9-month academic year. By signing below, you are certifying that the information submitted is true to the best of your knowledge and that all financial aid funds you receive will be used for educational expenses. You are also acknowledging that if you fail to submit adequate documentation to support this request, your request for a budget adjustment will not be processed.*

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

\_\_\_\_\_  
Date

\_\_\_\_\_ Approved

\_\_\_\_\_ Denied

Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
FAA Signature

\_\_\_\_\_  
Date