



Cost of Attendance Adjustment

Student Name: _____ Student ID: _____
(Last, First, MI)

Indicate the semester for which you are requesting a Cost of Attendance adjustment and the nature of your request. Any expenses for which you are requesting an increase must be incurred during the current term. If necessary provide documentation at the time you submit the request.

I am requesting a Cost of Attendance Adjustment for (indicate one semester only:

Fall _____

Spring _____

Summer _____

- Disabled student expenses. **Required documentation:** List of items required for student to attend and complete successfully in their classes and are unreimbursed by other agencies. Must include receipts of expenses. Expenses must be for the current academic year.
- Professional License or Certificate. **Required documentation:** Letter from department indicating the purchase of the license or certificate is required by a state or required to practice or be employed in their profession and receipts of expenses for the purchase of the license or certificate. Expenses must be for the current academic year.
- Unreimbursed dental or medical expenses. **Required documentation:** Receipts of incurred expenses or proof deposit paid not covered by insurance. Student only. Expenses must be for the current academic year.
- Dependent childcare Expenses. **Required documentation:** Most recent monthly receipt showing paid expenses not covered by third party. Receipt must be for the current term.
- Purchase of instrument, technology, or other item(s) for academic purposes. **Required documentation:** Letter from department or professor indicating the purchase of the instrument or other item(s) is required for student to be successful in academic program and receipts of expenses for the purchase of instrument or item(s). Expenses must be for the current academic academic term.
- Mortgage/Rent Expenses. **Required documentation:** A copy of your monthly mortgage payment or rental lease agreement. Adjustments will be made only if the payment exceeds what is already allotted in the current cost of attendance budget.

I have applied for an outside loan and would like to increase that loan's certified value if possible.

I certify that all the information provided on this form and in any supporting documentation is complete and correct. I must sign and return this form for my request to be processed. **Electronic signatures are will not be accepted.**

Signature: _____

Date: _____