

2023-2024 Cost of Attendance Appeal Form

Student Name:	Student ID:	
academic year, you may appeal to l COA may not result in a change to All expenses listed on this form mu	have your Cost of Attendance (COA) reviewed. An increase in your your financial aid awards depending on the type and amount of awards be supported by appropriate documentation. Expenses listed on will not be reviewed. Select all that apply to you:	
PURCHASE OF A COMPUTER		
Must provide receipt of p appeal once.	burchase. There is a maximum of \$1,500 allowed and you may only	
CHILD CARE EXPENSES		
 Name and ages of child/o Amount paid for each child Name of agency or perso 		
	e provider or daycare documenting costs. be included during times of enrollment	
BOOKS AND SUPPLIES OR O	OTHER PROGRAM/TECHNOLOGY FEES	
_	nd supply list for each class and receipt of purchase. 7 fees must be reflected on your Student Account.	
TUITION		
*Doctorate of Pharmacy and Physical cohort – this form is not required.	Therapy students' credit hours are automatically reviewed/update based on your	
fall/spring semesters.Adult and accelerated unsemester	chave tuition charges above 18 credits per semester during the dergraduate students who have tuition charges above 12 credits per ave tuition charges above 6 credits per semester	
STUDY ABROAD		
We can increase your cos Student Account	sts to reflect additional transportation or other fees included on your	

 Please specify and include documentation and receipt(s) or 	
CERTIFICATION STATEMENT	
CERTIFY THE SUBMITTED INFORMATION IS TRUE AND	CORRECT TO THE BEST OF MY
KNOWLEDGE. I HAVE READ EACH SECTION AND HAVE	PROVIDED THE REQUIRED
OOCUMENTATION. I UNDERSTAND THAT UNDERESTIMA	ATING OR INACCURATELY
PROJECTING EXPENSES COULD RESULT IN THE OFFICE (OF FINANCIAL AID NOT
PROCESSING THE APPEAL.	
STUDENT SIGNATURE (required)	DATE
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