

Request to Increase Cost of Attendance

Student Name: _____ Student ID # _____

Instructions: Check any that apply, submit a personal statement explaining your extenuating circumstances, and provide documentation of your costs.

- Tuition paid** above 12 credit hours for undergraduates and 6 credit hours for graduates per semester (Non-Traditional students only).
- Dependent care expenses:** Provide receipt from provider with amount paid/statement of cost per month and child name(s). Maximum allowed is \$1,246/month per child.
- Purchase of computer:** Provide receipt of computer purchase (may only be appealed one-time). Maximum allowed is \$1,500.
- Books/Supplies:** Provide copy of the syllabus for current course(s) documenting required items and receipts of purchases.
- Medical/Dental Insurance costs:** Provide documentation of your monthly insurance premium cost.
- Other:** _____

I **certify** that the information submitted in support of this appeal is true and complete to the best of my knowledge. I understand that approval of this request does not assure approval of a similar future request, and that this appeal only increases my overall cost of attendance, not my financial aid eligibility. My financial aid award may not change as a result of this appeal.

Student Signature: _____ **Date:** _____

Office Use Only: Adjustment Made: \$ _____ Semester: _____ Date: _____ Staff Member Initials: Comments:
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