



## COST OF ATTENDANCE INCREASE REQUEST FORM

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Cost of Attendance income adjustments may be considered for educationally related expenses.

Check the following expenses that apply to your income adjustment. Copies of bills, receipts, or any other supporting documentation must be submitted to the Financial Aid Office along with this form. Please allow 1-2 weeks for the review process.

Please note that receipts must be dated within the time of enrollment in the current academic year.

- ☐ **Computer Expenses** (The maximum amount allowed is \$500).  
May only be used one time in the entire academic program
- ☐ **Medical Expenses** (Paid out of pocket, not covered or reimbursed by insurance)
- ☐ **Child Care Costs** (Only list costs of day care for times when you are in school)
- ☐ **Disability Related Expenses** (Not covered or reimbursed by insurance)
- ☐ **Transportation Cost** (if student lives more than 30 miles from school)
- ☐ **OTHER:** Please explain the change in your situation

I certify that all information submitted in support of this request is true and complete to the best of my knowledge.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date