

Request Change to Cost of Attendance 2016-2017 Academic Year

Student Name _____ UIN _____

This form serves to notify Scholarships & Financial Aid that you have special circumstances in which your current estimated cost of attendance does not cover your basic educational expenses. To determine if adjustments can be made to your set estimated cost of attendance, please complete the appropriate sections below and return this form with the applicable documentation. **Submission of documentation does not guarantee a cost of attendance adjustment will be warranted and processed or that additional aid can be awarded.**

- We are unable to make changes to your cost of attendance and revise aid for a term that has already ended.
- This form can only be used to change the cost of attendance and is not used to change information/data elements listed on the Free Application for Federal Student Aid (FAFSA).

✓ **Check Appropriate Reason for Request**

A. Computer Purchase

- **Required document (s) for all requests:** The receipt of the computer you have purchased or a dated printout of the computer you are planning to purchase.
 - Computer purchase is a **one-time** adjustment for your **academic career**. **If your program requires a computer with specific minimum requirements to participate in the program and the computer purchased with the previous adjustment is no longer viable (i.e.: stolen or broken), an additional adjustment may be made. You MUST provide documentation showing the computer from the previous adjustment is no longer viable (i.e.: police report, estimate to repair computer, etc.)**
 - Adjustment can only be made for a “reasonable” amount. A “reasonable” amount is typically up to **\$1000**. A higher amount may be considered for certain required coursework with supporting documentation. Pharmacy, Medicine, Nursing and Public Health students may be considered for an increase up to **\$1250**. Dental students must provide supporting documentation from required coursework for an increase. Incoming Engineering students and Marine Engineering students (BYOD) may be considered for an increase up to **\$1699**.

B. **Unexpected** Medical/Dental Expenses for student- **Narrative Required**-Elective medical procedures will not be considered.

- Copy of all applicable bills
 - Medical/Dental adjustment to increase your cost of attendance can only be done in certain situations where extenuating circumstances prevent you, the student, from paying those bills. A meeting with a financial aid advisor may be necessary to ascertain if you are eligible for this adjustment.

C. Room and Board (only under **extenuating** circumstances will this be increased as this is already included in the Cost of Attendance). **Narrative required with documentation.**

- Copies of 3 months bills such as utility, gas, water, etc.
- Copy of lease agreement

D. Dependent care/Child care expenses- **Narrative required, please attach**

- Copies of receipt(s)/contract indicating monthly payment amount.

E. Other: (Description) **Narrative required, please attach:**

Student Signature _____ Date _____