

## Cost of Attendance Adjustment Form

Student Name: \_\_\_\_\_ A#: \_\_\_\_\_

Each year, the Office of Financial Aid calculates the average cost a student will incur to attend the university. If you have additional expenses beyond this average, please select an adjustment category below, provide the required documentation, and submit it to the Financial Aid Office. Note: All receipts must be dated within the semester for which the adjustment is requested.

Please Check	Adjustment Reason	Required Documentation
<input type="checkbox"/>	<b>Educational Expenses</b>	<ul style="list-style-type: none"> <li>• Statement explaining additional expenses (e.g., tuition, fees, books, or supplies not included in the COA). Copies of paid receipts.</li> </ul>
<input type="checkbox"/>	<b>Rent/Mortgage Expenses</b>	<ul style="list-style-type: none"> <li>• Copy of monthly mortgage payment or lease agreement.</li> </ul>
<input type="checkbox"/>	<b>Medical expenses</b>	<ul style="list-style-type: none"> <li>• Documentation of medical expenses.</li> </ul>
<input type="checkbox"/>	<b>Child Care Expenses</b>	<ul style="list-style-type: none"> <li>• A copy of the agreement between parent and daycare provider.</li> </ul>
<input type="checkbox"/>	<b>Computer Purchase</b>	<ul style="list-style-type: none"> <li>• Copy of paid receipts for the purchase of a computer.</li> </ul>
<input type="checkbox"/>	<b>Transportation</b>	<ul style="list-style-type: none"> <li>• Copy of paid receipts for auto repairs.</li> </ul>
<input type="checkbox"/>	<b>Unusual Debt</b>	<ul style="list-style-type: none"> <li>• Copy of paid receipts for unusual debt.</li> </ul>

**Student Certification**

I certify that, as of the date this form is signed, all information provided is accurate, complete, and not falsely represented. I understand that there is no guarantee the Cost of Attendance adjustment will be approved and that it is the student's responsibility to remain in good standing with the university. This form does not guarantee a Cost of Attendance increase, and any adjustments apply only to the current term.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Questions?**

Contact the Office of Financial Aid: [FA@SULROSS.EDU](mailto:FA@SULROSS.EDU)