



Cost of Attendance Review Request - Law

Student Name _____

R# _____

Term(s) for Review: Fall 20_____ Spring 20_____ Summer 20_____

Fall/Spring Requests are accepted August 1st – 1 month prior to last day of Spring finals.

Summer requests are accepted April 15th - 1 week prior to last day of Summer finals.

- The cost of attendance (COA) is used to determine maximum financial aid eligibility and includes estimated amounts for tuition and fees, and average amounts for housing, meals, books, supplies, transportation, and other personal/miscellaneous expenses. If actual education-related expenses are higher than the standard COA, you may request a review of your COA. Increases are considered on a case-by-case basis and are subject to federal, state, and institutional regulations.
- Only expenses incurred by and for the student (or dependents of students) during the current academic year will be considered.
- Adjustments must be reasonable; not all adjustments will be accepted due to the lifestyle choice of the student.
- Please allow 10-15 business days (or more during peak processing times) for your COA Review Request form to be processed; you will be notified of our response via your TTU email address.
- You must read the full COA Review information and policy and procedure located at www.depts.ttu.edu/financialaid/coa_review.php.
- All requests must include these items: Detailed explanation describing your reason for request and extenuating circumstance.
 Table of contents with page numbers, indicating the documents you are submitting in order.

I am requesting consideration of an adjustment to the standard COA because:	Guidelines and examples of documentation needed for consideration of an adjustment to the standard COA allowance:	Required supporting documentation for the items requested:
I pay more than the standard allowance for my housing .	- Extenuating circumstances must exist to warrant an increase to this amount. - Copy of rental lease/mortgage bill and copy of 3 months detailed utility bills.	<input type="checkbox"/> Attached
I pay more than the standard allowance for my meals/groceries .	- May be increased only for extenuating circumstances or proven, special dietary needs. - Copy of 1 months' itemized receipts.	<input type="checkbox"/> Attached
I pay more than the standard allowance for my required books & supplies .	- Copy of paid receipts for required books and supplies. - Documentation showing necessity of items (ex. syllabus, letter from instructor).	<input type="checkbox"/> Attached
I have unusual expenses due to necessary medical costs .	- Only non-elective/medically necessary procedures, medication, and supplies not covered/reimbursed by insurance. - Copy of itemized bill and/or EOB showing date and description of service. - Copy of paid receipts and medical payment plan documentation (if applicable).	<input type="checkbox"/> Attached
I have unusual expenses due to disability costs .	- Only procedures/services/supplies/medication not covered by insurance or 3rd party. - Copy of medical documentation of necessity of expense. - Copy of paid receipts and medical payment plan documentation (if applicable).	<input type="checkbox"/> Attached
I purchased/leased a computer or tablet.	- Allowed only once during program at TTU. \$2500 maximum. - Copy of paid receipt or detailed estimate.	<input type="checkbox"/> Attached
I have unusual expenses due to required vehicle or home repairs .	- Only repairs that are necessary for the student to continue their educational program. Standard maintenance expenses not allowed (ex. oil change, insurance). - Copy of receipts paid by student (for car/home owned by student) for amounts not covered/reimbursed by insurance. \$2000 annual maximum.	<input type="checkbox"/> Attached
I have unusual expenses for a scheduled interview .	- Necessary hotel, flights, mileage, or food costs to attend scheduled job interview. - Copy of paid receipts and documentation of scheduled interview.	<input type="checkbox"/> Attached
I have unusual expenses for a professional licensing exam .	- One-time only for examination fee incurred during academic year. - Study material/study course fees not considered. - Copy of paid receipts.	<input type="checkbox"/> Attached
I pay dependent care expenses.	- Expenses considered for children up to 13 years of age living in household. - Complete Dependent Care Expense Worksheet . \$6000 per child annual maximum. - Copy of proof of payment documentation (ex. cancelled checks, receipts).	<input type="checkbox"/> Attached
I have other expenses that are not listed above.	- Detailed statement of any expenses not listed above. - Copy of paid receipts and documentation of reason for expense.	<input type="checkbox"/> Attached

I plan to apply for an additional loan in the amount of _____ based on the pending result of this request.

I certify that the information provided on this form is accurate and complete as of this date. I understand that the request of a review of my cost of attendance is not guaranteed to result in a change to my financial aid eligibility, that this request is not an application for a loan, and does not release me from payment of any balance due on my student account.

Student Signature _____

Date _____