

**Cost of Attendance Review Request**

Student Name \_\_\_\_\_ R# \_\_\_\_\_ Classification: ☐ Undergraduate ☐ Graduate

Term(s) for Review: Fall 20 \_\_\_\_\_ Spring 20 \_\_\_\_\_ Summer 20 \_\_\_\_\_

**Fall/Spring Requests are accepted August 1st - 2 weeks prior to last day of Spring finals.**

**Summer Requests are accepted April 15th - 2 weeks 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](http://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 <b>housing</b> .	- 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 <b>meals/groceries</b> .	- May be increased only for extenuating circumstances or proven, special dietary needs. Physicians note required. - Copy of 1 months' itemized receipts.	<input type="checkbox"/> Attached
I pay more than the standard allowance for my required <b>books &amp; supplies</b> .	- 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 <b>medical</b> 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 <b>disability</b> 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 <b>computer</b> or tablet.	- Allowed only once during program at TTU. \$1500 maximum. - Copy of paid receipt or detailed estimate. - If special requirements for major, documentation required from college.	<input type="checkbox"/> Attached
I have unusual expenses due to required <b>vehicle or home repairs</b> .	- Only repairs that are necessary for the student to continue their educational program will be considered. Standard maintenance expenses not allowed (ex. oil change, insurance, etc.) - Copy of receipts paid by student (for car/home owned/leased by student) for amounts not covered/reimbursed by insurance. \$2000 annual maximum.	<input type="checkbox"/> Attached
I pay <b>dependent care</b> expenses.	- Expenses considered for children up to 13 years of age living in household. - Complete <a href="#">Dependent Care Expense Worksheet</a> . \$6000 per child annual maximum. - Copy of proof of payment documentation (cancelled checks, receipts, etc.)	<input type="checkbox"/> Attached
I have <b>other</b> 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 \_\_\_\_\_

**PLEASE NOTE THAT ANY APPROVED INCREASE WILL ONLY RESULT IN ADDITIONAL LOAN FUNDING AVAILABILITY AND WILL NOT PROVIDE ADDITIONAL GRANT AID FROM THE UNIVERSITY.**