



Cost of Attendance Review Request

Student Name _____ R# _____

Student Email _____ Mobile # _____

Classification: ☐ Undergraduate ☐ Graduate ☐ Law

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

Estimated cost of attendance (budget) is used to determine your financial aid eligibility for a specific period of enrollment and includes estimated amounts for tuition, mandatory fees, as well as average amounts for standard educational expenses such as housing, meals, books, supplies, transportation, and other personal/miscellaneous expenses.

If your actual education-related expenses are higher than the estimated cost of attendance used to calculate your financial aid eligibility, you may request a review of your cost of attendance. Cost of attendance increases are considered on a case-by-case basis and are subject to federal, state, and institutional regulations.

Consider the following before submitting a request for an increase:

- Only expenses incurred **by and for the student** (or dependents of students) during the current academic year will be considered.
- If approved, an increase is typically funded through Federal Direct PLUS Loans or private education loans (and will not result in additional grant assistance). **This request is not an application for a loan.** Visit NSLDS.ed.gov to review your current federal indebtedness and consider how additional borrowing may impact your post-graduation repayment.
- Reasonableness of your request along with prior indebtedness may be considered in determining whether an increase to your cost of attendance will be approved or for how much.
- You may be asked to participate in a money management consultation with Red to Black.
- Completing the Cost of Attendance Review Request form does not guarantee an increase to your cost of attendance. In addition, approval of identical requests for increase during the academic year or future academic years, are not guaranteed.
- Appropriate documentation (http://www.depts.ttu.edu/financialaid/coa_review.pcf) must be submitted at time of form submission or your request may not be reviewed.
- Please allow 10-15 business days (or more during peak processing times) for your Cost of Attendance Review Request form to be processed; you will be notified of our response via your TTU email address.

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Unless a one-time event or expense, please indicate monthly expenses in the categories below. If necessary, include a supplemental page itemizing your expenses.

Housing and Meals <i>Standard 9-Month Allowance - \$6,236 Housing / \$3,536 Meals</i> <hr/> *Rent _____ \$ _____ <i>Property Name:</i> _____ <i>Number Roommates included in lease:</i> _____ *Electric/Gas/Water/Waste _____ \$ _____ *Phone _____ \$ _____ *Internet _____ \$ _____ Groceries (estimated) _____ \$ _____ *Other _____ \$ _____ <hr/> Personal & Miscellaneous <i>Standard 9-Month Allowance - \$2,120</i> <hr/> Personal* (clothing, health insurance) _____ \$ _____ *Medical/Dental/Vision (doctor visits, prescriptions, etc. not covered by insurance) _____ \$ _____ *Disability Expenses _____ \$ _____ *Dependent Care (\$6,000/child/yr max) _____ \$ _____ *Computer (one-time purchase; \$1,500 max) _____ \$ _____ *Professional Licensing (one-time per program) _____ \$ _____	Books/Supplies <i>Standard 9-Month Allowance - \$1,200</i> <hr/> *Books _____ \$ _____ *Supplies _____ \$ _____ <hr/> Transportation <i>Standard 9-Month Allowance - \$2,300</i> <hr/> *Airfare _____ \$ _____ *Mileage (miles travelled) _____ *Educational Program Requirement _____ \$ _____ *Emergency Travel (funeral, medical, etc.) _____ \$ _____ *Vehicle Repair (\$2,000/yr max) _____ \$ _____
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*Documentation required – see website (http://www.depts.ttu.edu/financialaid/coa_review.pcf) for specifics.

Additional Loan Amount Requested _____ \$ _____

I certify that the above information accurately reflects my monthly expenses for the academic year and understand that

- Additional documentation of this data may be requested after the initial review;
- My financial aid eligibility may be adjusted based upon the resulting review; and
- Submitting this request does not automatically increase my financial aid eligibility.

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 and does not release me from payment of any balance due on my student account. I also understand that any revision based on this requested review does not guarantee the same adjustments will be made in future semesters and/or academic years.

Student Signature _____ Date _____