



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.
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.

Table with 3 columns: 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:
Rows include: housing, meals/groceries, books & supplies, medical costs, disability costs, computer or tablet, vehicle or home repairs, dependent care expenses, and other expenses.

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 \_\_\_\_\_