| Rec'd by: | |
|-------------|--|
| Date: | |
| FAO Action; | |
| Date: | |



Cost of Attendance (COA) Adjustment Request

| You may complete this request if you have expenses that exceeds our standard cost of attendance for your current aid year. Information provided on this form, along with any supporting documents that you supply or that we request will be used to determine if our financial aid office can make an adjustment to your Cost of Attendance (COA) which may increase eligibility for financial aid. *Please note that submitting this form does not guarantee that the request will be approved, or that you will | | | |
|---|--|------------------------|--|
| Aid year for which this request applies: To be completed by the student: | | | |
| Student Last Name | Student First Name | Student Middle Initial | |
| | | @spalding.edu | |
| Student ID Number | Student Phone Number | Student Email | |
| I am requesting consideration of an adjustment to the standard COA allowance because: | | | |
| I pay more than the standard allowance for my required tuition & fees. | | | |
| Late fees, replacements fees, optional fees and parking tickets will not be considered. | | | |
| I pay more than the standard allowance for books, supplies, course materials, and equipment. | | | |
| Provide copies of receipts for required books and supplies (e.g., textbooks, notebooks, pens/pencils, calculator, computer equipment, etc.). Documentation showing necessity of items may be required. | | | |
| I pay more than the standard allowance for my housing and food costs. | | | |
| We will use the College Board allowance for the area in which you reside, grocery receipts for at least a week should accompany a breakdown of your own food expenses. •If living alone and not sharing expenses with a roommate, provide a detailed explanation of your special circumstance requiring you to live alone. | | | |
| I pay more than the standard allowance for my educational transportation costs. | | | |
| Do not include car payments or insurance premiums. Provide documentation and copies of receipts as appropriate. | | | |
| I pay more than the stand | dard allowance for my personal and/or mi | scellaneous expenses. | |
| Provide documentation and copies of receipts as appropriate. | | | |
| I dependent care expense | 25. | | |
| Provide names and ag | Provide names and ages of dependents Provide proof of enrollment in the daycare facility (on their | | |

Provide names and ages of dependents Provide proof of enrollment in the daycare facility (on their letterhead) and the costs you pay for this care.