

COAPJ23

2022-2023 COA ADJUSTMENT REQUEST FORM

Student's First Name:	UMMC ID (i.e.300123456)
Student's Last Name:	Phone Number:
Student's Date of Birth:	Program/Year:

Financial aid budgets reflect a student's estimated educational expenses, or cost of attendance (COA), for a period of enrollment. COA adjustments are considered for certain circumstances only and some restrictions apply. ALL decisions are FINAL.

CHECK SPECIAL CIRCUMSTANCE...	THEN SUBMIT REQUIRED DOCUMENTS...
<input type="checkbox"/> <b>Disability Expenses:</b> only reasonably incurred expenses for which assistance is not provided by Vocational Rehabilitation or other sources will be considered.	<ul style="list-style-type: none"> <li>A written explanation of your disability and related expenses <b>AND</b></li> <li>Copies of receipts/bills <b>AND</b></li> </ul> <p>Indicate the amount of assistance being received from outside sources/agencies</p>
<input type="checkbox"/> <b>Extraordinary Educational Expenses:</b> costs associated directly to your enrollment in a class related to your program of study above those included in the standard cost of attendance.	<ul style="list-style-type: none"> <li>A written statement explaining why you feel your educational expense(s) are extraordinary <b>AND</b></li> <li>Copies of receipts/bills related to this expense.</li> </ul>
<input type="checkbox"/> <b>Extraordinary Housing and Utilities Expenses:</b> additional housing and utility expenses above those included in the standard cost of attendance  Include only base monthly cost(s) and do not include late fees, connection costs and/or deposits	<ul style="list-style-type: none"> <li>Self-report monthly expenses...Clearly document your monthly expenses <b>AND</b></li> <li>Clearly document cost. You <b>MUST</b> provide updated (previous two months) copies of lease/mortgage statement and utilities bills (i.e. gas, electric, cable, phone, water/sewer, garbage and internet). Only documented housing and utility costs will be considered</li> </ul>
<input type="checkbox"/> <b>Medical/Dental Expenses:</b> for medically necessary procedures which are not covered by a health care provider.	<ul style="list-style-type: none"> <li>Documentation of medical insurance to include the amount of your co-pay, <b>AND</b></li> <li>Copies of receipts/bills which should include the date of the office visit or procedure</li> </ul>

**Authorization to increase Stafford Loans:**

In the event that a COA adjustment is approved, if the student has remaining Stafford loan eligibility, by signing this form, the student authorizes the Financial Aid Office to process additional Stafford loan funds to the fullest value possible. I acknowledge that by signing this form, I am authorizing the request for additional Stafford loan eligibility.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_