

INS23

## INSURANCE COA INCREASE REQUEST FORM 2022/2023

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>Family Insurance Premium:</b> for married students with family insurance to provide coverage of children/spouse.	<ul style="list-style-type: none"> <li>Copy of payment receipt <b>OR</b></li> <li>Copy of current bill/student account displaying family insurance coverage charge</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: \_\_\_\_\_