# 2019-2020 Cost of Attendance (COA) Adjustment Request Form

This form can be used to request consideration of an adjustment to the standard cost of attendance used to determine financial aid eligibility. Submission of this form does not guarantee that a cost of attendance adjustment will be made or that additional aid will be awarded if an adjustment is made. Aid adjustments are subject to program and funding restrictions.

<table>
<thead>
<tr>
<th>Educational Cost Component</th>
<th>Documentation Required</th>
<th>Detailed Explanation</th>
<th>Supporting Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>√ Tuition and Fees</td>
<td>• Documentation of costs for required courses – late fees, reinstatement fees, optional fees, parking tickets, and fines will not be considered</td>
<td>□ Attached</td>
<td>□ Attached</td>
</tr>
</tbody>
</table>
| √ Books and Supplies       | • Receipts for required books and supplies and proof of requirement  
|                            | • Receipt for the purchase of a personal computer including the type, place and date purchased, and cost (this is a one-time allowable adjustment while at UTA) | □ Attached | □ Attached |
| √ Room and Board           | • Rental/lease agreement, utility bills, grocery receipts, etc.  
|                            | • If living alone, special circumstance preventing roommate(s) to share expenses | □ Attached | □ Attached |
| √ Transportation           | • Receipts for emergency repairs in the student’s name and paid by the student – do not include standard maintenance, car payments, and/or insurance payments | □ Attached | □ Attached |
| √ Personal/Miscellaneous   | • Receipts as appropriate | □ Attached | □ Attached |
| √ Study Abroad Program     | • Documentation showing study abroad program, dates, number of semester hours, budget, and estimated expenses including airfare, lodging, meal costs, etc. | □ Attached | □ Attached |
| √ Dependent Care           | • Documentation from dependent care provider  
|                            | • Listing of dependents requiring care, including name, relationship, number of months in care during the enrollment period, and the monthly charge | □ Attached | □ Attached |

**Certification and Signature(s)**

The student must sign and date below. The person signing below certifies that all of the information reported is complete and accurate, and that the signature is hand-written and not forged (electronic signatures are unacceptable).

______________________________  ________________________________
Student's Signature (Required) Date

**WARNING:** If you purposely give false or misleading information, you may be fined, sent to prison, or both.