

## Cost of Attendance Adjustment Request

<b>Name:</b> _____	
<b>Date of Birth:</b> _____	<b>MSU Denver ID #:</b> _____
<b>E-mail:</b> _____	<b>Phone Number:</b> _____
I affirm that I have read, understood, and agreed to this form in its entirety and that the information supplied is true and complete.	
<b>Signature:</b> _____	<b>Date:</b> _____

Your Cost of Attendance (COA or budget) is based on standard estimated educational expenses, which are used to determine a student's eligibility for financial aid. If you will incur additional education expenses and wish to be considered for a cost of education increase, complete this form and return it to Office of Financial Aid and Scholarships to consider.

- Increasing your cost of attendance does not always result in additional financial aid.
- If we are able to increase your budget, and you are seeking additional funding, you must request that separately.

**Please check the appropriate box below:**

Fall Semester       Spring Semester       Summer Semester

**Computer Purchase:** I purchased/plan to purchase a computer

**May only be used ONE TIME in the entire academic program**

- You must attach an advertisement, estimate or itemized receipt (includes date of purchase).
- Your budget may be increased by the amount of the advertisement you submit but will not exceed \$1800.

**Computer Upgrade:** Hardware or Software Upgrades

- A computer upgrade request cannot be utilized in the same academic year as a computer purchase request.
- You must attach an advertisement, estimate or itemized receipt which includes date of purchase.
- Your budget will be increased based on the cost of the advertisement, but will not exceed \$500

**Study Abroad**

- Please attach the approved program budget form from your study abroad advisor

**Living Expenses**

- Only applicable if total room expenses is greater than \$500 a Month. Types of documentation needed: Lease / Mortgage.

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### Child Care

- You MUST provide a receipt from the childcare provider that you have paid, OR a statement from your childcare provider on their letterhead stating what your cost will be for the month per child. If the documentation submitted is not sufficient to make a determination, you may be asked for additional documents
- Maximum allowable cost per child is up to \$1096

Name of Child	Age	Amount to be Paid Monthly by Student	Name, Address and phone number of Daycare provider

If your spouse is also a student and receiving federal financial aid, please list his/her name and the college he/she is attending. If both you and your spouse are receiving federal financial aid, then only one may receive this adjustment.

\_\_\_\_\_ Spouse's Name (printed)

\_\_\_\_\_ Spouse's College

**Office Use Only Box:**

Adjustment made: Type \_\_\_\_\_ \$ \_\_\_\_\_ Semester \_\_\_\_\_ Date \_\_\_\_\_

Denied \_\_\_\_\_ Staff Member \_\_\_\_\_

Comments: \_\_\_\_\_