

Cost of Attendance Adjustment Request

| Student Name | Student ID | Ald Year |
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| SECTION B: TYPE OF ADJUSTMENT REQUESTED | | |
| Select the Cost of Attendance adjustment you are pursuing and attach the required documentation indicated below: | | |
| Study Abroad Expenses. Required documentation: Please include any additional expenses that you will incur with your Study Abroad Program. | | |
| Purchase of a computer (one-time adjustment per academic career). Required documentation: A paid receipt. | | |
| Aviation Fees. Required documentation: Print out of your account detail showing the flight fees for the semesters you are requiring adjustment. | | |
| Other Extraordinary Expenses not listed. Required documentation: Letter from department or professor indicating expense/item is required for student to be successful in their academic program and receipts of expenses. Expenses must be for aid year requesting increase. | | |
| CECTION C. CERTIFICATION | | |
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| By signing this form, I certify that this form and all required documentation is complete and accurate. I also certify that these expenses are needed for me to be successful in my academic program. I understand that a request may be denied or limited for any reason and additional documentation may be needed from me. Please note that this is for cost of attendance increase only, this will not result in an increase of Financial Aid. Handwritten signature required. | | |
| Student Signature | Date | |

Return this completed form with any documentation to: Walsh SSC- 2020 East Maple St, North Canton, OH 44720- Farrell Hall Room 101