



2024-25 Cost of Attendance Adjustment Request Process

COMPLETE WITH
BLACK INK ONLY.

When awarding financial aid, the Office of Student Financial Aid (OSFA) assigns you a budget, often referred to as the **Cost of Attendance (COA)**. The COA includes, but is not limited to, tuition and fees, room and board, books and supplies, personal expenses, and transportation.

When additional education-related expenses beyond your standard COA are incurred, you may request a COA adjustment by completing a Cost of Attendance Adjustment Request. COA adjustments are evaluated on a case-by-case basis and are subject to federal and University policies.

Cost of Attendance Adjustment Guidelines

The OSFA may increase your COA under certain circumstances to include additional education-related expenses **incurred by you (the student) during the aid year**. To be considered for a COA review, you must have completed a 2024-25 Free Application for Federal Student Aid (FAFSA) and have been awarded financial aid. The 2024-25 aid year includes summer 2024, fall 2024, and spring 2025.

Additional education-related expenses for which you may request a COA adjustment include:

- Tuition and/or fees exceeding your standard COA (this generally relates to those in academic overload).
- Cost of a meal plan for students living off campus or with parents.
- Course, lab, program, or clerkship fees exceeding your standard COA.
- Cost of the rental or purchase of a computer and/or mandatory course software, **purchased during the aid year**.
- Child care or dependent care costs not covered by a third party (subject to reasonable costs and time frames for which care is required).
- Student health insurance costs incurred by you during the aid year.
- Travel costs exceeding your standard COA.
- Disability related expenses.
- Professional licensure, certification, or first professional credential.

Supporting Documentation

Refer to the Cost of Attendance Adjustment Request on page 2 for specific supporting documentation requirements. If you submit a Cost of Attendance Adjustment Request without the required documentation indicated on page 2, it will be denied.

Cost of Attendance Adjustment Process

Your Cost of Attendance Adjustment Request and all required supporting documentation must be received at least three (3) weeks prior to your last date of attendance for the term.

Upon receipt of your Cost of Attendance Adjustment Request, the OSFA will review your expenses and supporting documentation. If your additional expenses qualify for a COA adjustment, your COA will be increased and your financial aid awards will be re-evaluated for the aid year. An increase in your COA does not guarantee additional grant or scholarship aid; most COA increases typically result only in an increase in loan eligibility. If you are offered a Direct PLUS Loan, it is your or your parent's responsibility to complete the Direct PLUS Loan request process.

The OSFA will notify you of the results of its review via your Rockets email account. You can view aid eligibility changes through the myUT portal.



2024-25
Cost of Attendance Adjustment Request

COMPLETE WITH
BLACK INK ONLY.

Additional Education-Related Expenses

Check each applicable “Additional Expenses” category from the list below and attach the required documentation indicated for each category checked. **Additional expenses must be incurred during the 2024-25 aid year to receive consideration.**

| <input checked="" type="checkbox"/> | Additional Expenses | Required Documentation |
|-------------------------------------|--|---|
| <input type="checkbox"/> | Tuition and/or fees exceeding your standard COA budget. | None. |
| <input type="checkbox"/> | Cost of a meal plan for students living off campus or with parents. | None. |
| <input type="checkbox"/> | Course, lab, program, or clerkship fees exceeding your standard COA budget. | None. |
| <input type="checkbox"/> | Cost of the rental or purchase of a computer and/or mandatory course software, purchased during the aid year . <i>The maximum adjustment for a computer rental or purchase is \$2,000 per program of study.</i> | Dated receipt/proof of rental or purchase. <i>Accessories, optional software, and warranties are <u>not</u> allowable costs.</i> |
| <input type="checkbox"/> | Child care or dependent care costs not covered by a third party. | <ul style="list-style-type: none"> • Proof of child care or dependent care costs and proof of payment (e.g., billing statements, receipts, cancelled checks, etc.). • Names and ages of the children/dependents receiving care. • Detailed schedule of classes, field work, internship, or co-op. |
| <input type="checkbox"/> | Student health insurance costs incurred by you during the aid year. | <ul style="list-style-type: none"> • None (if billed through UToledo). • Health insurance billing statement and proof of payment (if not billed through UToledo). |
| <input type="checkbox"/> | The Washington Center (TWC) internship program fee and housing fee. | <ul style="list-style-type: none"> • TWC program fee invoice. • TWC housing fee invoice. |
| <input type="checkbox"/> | Travel costs for Med 4 residency interviews. | An organized and totaled summary sheet listing all travel dates and expenses and, <i>for each interview</i> : <ul style="list-style-type: none"> • A copy of the interview agenda (with interview date, time, and location confirmation). • Copies of paid receipts (including detailed flight and hotel receipts, documentation of total mileage traveled using an online map tool such as Google Maps, etc.). |
| <input type="checkbox"/> | Travel/lodging costs for Med 4 away rotations. | An itemized list of away rotations, including dates and expenses paid. Also include: <ul style="list-style-type: none"> • Documentation (in your name) identifying each away rotation’s start date, end date, and location. • Copies of paid lodging receipts. • Documentation of home/local address. • Copies of paid travel receipts (including detailed flight and rental car receipts OR documentation of total mileage traveled using an online map tool such as Google Maps). |

Student Rocket Number

Student Last Name

Student First Name

| | | |
|--------------------------|---|---|
| <input type="checkbox"/> | Travel costs for commuters who travel to campus, field work, an internship, or a co-op more than 200 miles round trip per week. | <ul style="list-style-type: none"> • Copy of driver’s license. • Proof of residence address (utility bill, lease, etc.). • Detailed schedule of classes, field work, internship, or co-op. • Address of field work, internship, or co-op location. • Documentation of specific mileage (using an online map tool such as Google Maps). |
| <input type="checkbox"/> | Disability related expenses incurred by you including special services, personal assistance, transportation, equipment, and supplies NOT provided/paid for by any agency or third party. | <ul style="list-style-type: none"> • Proof of costs and proof of payment (e.g., billing statements, receipts, cancelled checks, etc.). • Physician or social services recommendation for these services, equipment, and supplies. |
| <input type="checkbox"/> | <p>Costs associated with obtaining a license, certification, or first professional credential for programs that prepare you to enter a profession requiring such a qualification. Expenses must be incurred during the aid year and while still enrolled.</p> <p>The maximum adjustment for licensure, certification, or first professional credential is \$2,000 per career/program.</p> | <ul style="list-style-type: none"> • Copy of paid receipt(s) including detailed description of expense, date expense was billed, and date expense was paid. |

YOUR HANDWRITTEN SIGNATURE AND DATE ARE REQUIRED BELOW.

ELECTRONIC SIGNATURES ARE NOT ACCEPTABLE ON THIS FORM.

Certification Statement: I certify that the information I have provided on this form and all accompanying documentation is true and accurate to the best of my knowledge. I agree to submit additional documentation should the Office of Student Financial Aid make such a request. I understand that the information reported above may be used to recalculate my federal aid eligibility, and that I must have been awarded financial aid in order for my COA to be reviewed. I also understand that this request may be denied. **WARNING:** If you purposely provide false or misleading information on this document, you may be fined, sentenced to jail, or both.

_____ _____
Student Signature - use full legal name Date

TO RETURN THIS FORM:

Upload to: *myUT.utoledo.edu*
"My Financial Aid"
"Financial Aid Documentation Upload"

Mail to: The University of Toledo
Office of Student Financial Aid
2801 West Bancroft Street, Mail Stop 314
Toledo, OH 43606-3390

In person: Rocket Solution Central
1200 Rocket Hall

Fax to: 419.530.5835

Questions? Please contact Rocket Solution Central (RSC) at 419.530.8700.

| | |
|---------------------------------------|-------|
| <i>For office use only</i> | |
| <input type="checkbox"/> Approved | |
| <input type="checkbox"/> Denied _____ | |
| _____ | _____ |
| OSFA Signature | Date |