



**2021-22**  
**Cost of Attendance Adjustment Request Process**

COMPLETE WITH BLACK INK ONLY. ELECTRONIC SIGNATURES ARE NOT ACCEPTABLE ON THIS FORM.

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 2021-22 Free Application for Federal Student Aid (FAFSA) and have been awarded financial aid. The 2021-22 aid year includes summer 2021, fall 2021, and spring 2022.

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

- Tuition and/or fees exceeding your standard COA (this generally relates to those in academic overload).
- Course, lab, program, or clerkship fees exceeding your standard COA.
- One-time cost for the 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. Only expenses incurred while you are in class AND your spouse/significant other (when applicable) is unavailable to provide care will be considered.
- Student health insurance exceeding your standard COA, **if required by your program/college and billed through your student account**.
- Travel costs exceeding your standard COA.

**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**

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 in an increase in loan eligibility only. 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 our review via your Rockets email account. You can view aid eligibility changes through the myUT portal.



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**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 2021-22 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"/>	Course, lab, program, or clerkship fees exceeding your standard COA budget.	None.
<input type="checkbox"/>	<b>One-time</b> cost for the purchase of a computer and/or mandatory course software, <b>purchased during the aid year</b> . <i>The maximum adjustment for a computer purchase is \$2,000 per career/program.</i>	Dated receipt/proof of purchase. <i>Accessories, optional software, and warranties are not allowable costs.</i>
<input type="checkbox"/>	Child care or dependent care costs not covered by a third party. Only expenses incurred while you are in class AND your spouse/significant other (when applicable) is unavailable to provide care will be considered.	<ul style="list-style-type: none"> <li>• Proof of child care or dependent care costs <i>and</i> proof of payment (e.g., billing statements, receipts, cancelled checks, etc.); <b>and</b></li> <li>• Names and ages of the children/dependents receiving care.</li> </ul>
<input type="checkbox"/>	Student health insurance exceeding your standard COA, <b>if required by your program/college and billed through your student account.</b>	None.
<input type="checkbox"/>	Travel costs for Med 4 residency interviews.	An organized and totaled summary sheet listing all travel dates and expenses <b>and</b> , <i>for each interview</i> , a copy of the interview agenda (with interview date, time, and location confirmation) and copies of paid receipts (including detailed flight and hotel receipts, mileage calculations using internet tools, etc.).
<input type="checkbox"/>	Travel costs for commuters who travel to campus more than 200 miles round-trip per week.	<ul style="list-style-type: none"> <li>• Copy of driver's license;</li> <li>• Proof of residence address (utility bill, lease, etc.); <b>and</b></li> <li>• Documentation of specific mileage (MapQuest, Google maps, etc.).</li> </ul>

**CONTINUE TO PAGE 3 TO PROVIDE YOUR SIGNATURE.**

Student Rocket Number

Student Last Name

Student First Name

**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

Date

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

**TO RETURN THIS FORM:**

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