

Request for Increase to Cost of Attendance (Budget)

A program budget or cost of attendance (COA) is prepared annually. The expenses included are based on what is needed for the student to attend school. There are times that unusual or extenuating circumstances arise during an enrollment period that generate expenses not covered in the COA. Students can request an increase in their COA by reporting these expenses on this form along with supporting documentation of the expense. All submitted expenses must be incurred during the enrollment period and guaranteed prior to the last date. Enrollment dates for each year may be found on the [University's academic calendar](#). Decision of the committee are final and cannot be appealed to the U.S. Department of Education.

A committee will utilize professional judgement as authorized by the Department of Education to review each request on a case-by-case basis to determine if an increase to the COA may be made. Approved increases will include a financial aid offer for the student to review and/or accept. Please allow two weeks for a decision.

NOTE: The results of the FAFSA must be on file at ATSU prior to the committee review. The [COA for the corresponding academic year](#) will be used to assess the request.

Categories for Unusual or Extenuating Circumstances

Expenses eligible for consideration include, but are not limited to:

Tuition and fees

Tuition and fee charges that are not covered by your COA are eligible for consideration.

Child daycare costs

Costs associated with childcare must directly correlate to a student's ability to attend school required activities. Billing statements and or receipts must be provided with this request.

Unplanned/emergency medical or dental expenses

Requests for an increase to cover costs associated with unplanned medical or dental expenses should be required for a student and eligible for coverage by the student's health insurance policy. Elective, preventative and cosmetic procedures do not qualify. Student is required to provide a letter from the healthcare provider documenting the required medical or dental need and expense (including procedure dates, any payments made, and/or estimated cost after insurance).

Unexpected transportation expenses

Requests for reimbursement of unexpected transportation costs must be for a vehicle that a student uses to attend school-related activities. Invoice and or receipts must be provided with this request. Expenses related to the purchase or lease of a vehicle are not eligible for consideration.

Program-required or -related travel expenses

Costs incurred for travel must be for the student.

Other

Special circumstances that create an unexpected financial need that do not fit into one of the categories above may also be submitted. Examples may include board programs not already covered, higher health insurance costs due to student-specific situation, etc. Documentation supporting the financial need must be provided.

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Student Information

Name [please print] _____ Date Submitted _____ Phone Number _____

Student ID# _____ Program _____ Class Year _____ Email _____

Unusual or Extenuating Circumstance & Explanation of Need

Category of Unusual or Extenuating Circumstances: _____
(Category options listed on page 1)

Explanation:

I am requesting a budget review for the possibility of an increase for the total amount of \$_____ to cover the unplanned expenses listed above.

Student signature _____ Date _____

Please submit this form and all supporting documentation to [Enrollment Services](#). You will be contacted with a decision within 2 weeks. Please watch your ATSU email for additional documentation requests, follow-up questions, and results of your request.

Process questions may be directed to Enrollment Services at Enrollmentservices@atsu.edu or 660.626.2019.

Professional Judgement Committee Decision *(circle one)*

APPROVED

DENIED

APPROVED WITH CHANGES (include explanation)