

Cost of Attendance Adjustment Request

Student's Name	ð:		CWID#:			
	ease the eligibility	to apply for loa	ans, it c	does NOT increase eligibi	ice for education related expenses. This formility for grants or scholarships.	
	Fall Semester		<u> </u>	pring Semester	Summer Semester	
\$	 Certification Tests/Special Course Fees: Provide copies of receipts for testing, and/or special course fees A letter from your professor or academic adviser may be requested if not listed on student billing statement. 					
\$	Computer/Tablet purchase: Only one computer or tablet purchase adjustment is allowed during your undergraduate or graduate education • Provide documentation of the cost of the computer you purchased/leased (up to \$2,500)					
\$	 Healthcare: I purchased Citadel Health Insurance. Confirm charge appears on your student bill. If you paid a large amount in medical expenses not claimed on your IRS 1040 tax return in 2022. Contact the Financial Aid Office to talk about other options. 					
\$	 Conferences: Only one adjustment is allowed per semester Provide proof of registration, printout from travel or hotel website showing lodging costs, and expected transportation expenses A letter/email from your professor or academic advisor may be requested 					
\$	Child Care: • Adjustm	nents are fo <u>r one se</u>	mest <u>er</u> (only and must be requested each	h semester that expenses occur.	
	Name of C			Childcare Provider Name	Out-of-Pocket Weekly Expenses	
			工		\$	
					\$	
	*If your spouse is also in college only one person can receive this adjustment.					
	Spouses Name		Spouse's College			
				he best of my knowledge. I gnatures are not accepted.	If asked, I agree to provide additional !.	
Student Signat	ure		Date			
FOR OFFICE US	SE ONLY					
Adjustment Appr	roved: Yes No	Semester:		Staff Initial:	Date completed:	
Comments:		_	_	_		