

Office of Student Financial Aid
2010-2011 2011-2012
(please select application year)

Student Name _____ ID# _____

REQUEST FOR COST OF ATTENDANCE INCREASE

You may request an increase to your Cost of Attendance based on special circumstances. Check the items that apply to your circumstances and attach all necessary documentation.

- CHILD CARE COSTS – an increase for child care expenses. Complete the attached child care provider statement and attach billing documentation from the start of **FALL** term forward.
- COMPUTER COSTS – an increase up to \$2,000 to accommodate the purchase of a computer once during your degree program. Provide an advertisement for the computer you plan to buy, including pricing information.
- MEDICAL EXPENSES – an increase for medical/dental expenses that are not covered by insurance. Provide a statement from each medical and/or insurance provider documenting the amount **not** reimbursed by insurance that will be paid out of pocket during the current academic year (September through August)
- TUITION ADJUSTMENT – an increase for actual tuition costs that are above and beyond the amount estimated in your Cost of Attendance for the *current* academic term. If you are participating in an academic program that has a required class schedule, you must attach a copy of your *department's* enrollment plan for the entire academic year.

If this request is approved, the Office of Student Financial Aid will increase your loans to your maximum eligibility. If you would rather have a specific dollar amount, please indicate that amount here: \$ _____

This request MAY NOT result in additional financial aid. Please contact the Office of Student Financial Aid to discuss your eligibility.

Portland State University
PO Box 851
Portland, OR
97207-0851

Phone: 503-725-3461
Toll Free: 800-547-8887
FAX #: 503-725-5965
Email: askfa@pdx.edu

All the information included is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information I have submitted.

Signature: _____ Date: _____

COAINC- Department Use Only

Counselor signature: _____	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	Approved for : (mark all that apply)
Amount: _____	Child Care Tuition Adjustment Computer cost Medical		

