

Student Signature

## Office of Financial Aid

216 Lela Raney Wood Hall Columbia, MO 65215 PHONE (573) 876-7106 FAX (573) 876-2320 EMAIL finaid@stephens.edu

Date

Student Name (Last, First)		Student ID Number						
2024-2025 Cost of Attendance Increase Request Form								
The Office of Financial Aid understands that a student may have educational exp for in their standard Cost of Attendance (COA) for the academic year. For that rewhich an increase to a student's COA is permissible to allow the opportunity for a COA may not result in a change to your financial aid depending on the type and a to be eligible, the costs for the circumstances below must have been incurred dur June 30, 2025).	ason, th nore fina amount	ere are ancial a of awa	e certain aid. An i rds. In c	circu ncrea order f	mstan se to t or a st	ces for he tudent		
Additional expenses may include, but are not limited to, the following reason(s) a you and submit the appropriate documentation to support your request.	s outline	ed belo	w. Mark	all th	at app	ly to		
CAR REPAIR EXPENSE: Does not apply to the purchase/lease of a new car To request: Provide the Office of Financial Aid with paid car repair re student) paid the charges. If your receipt does not show payment, we check/or credit card statement showing your payment.	ceipts w							
COMPUTER PURCHASE  To request: Provide the Office of Financial Aid with the receipt from constudent) paid the charges. If your receipt does not show payment, we check /or credit card statement showing your payment. Only one constand degree. The maximum increase is \$2,000.	e can ac	cept th	e receip	ot and	a can	celed		
CHILDCARE EXPENSE  To request: Provide the Office of Financial Aid with the 2024-2025 Clyou and your childcare provider.	hildcare	Expen	ise Wor	kshee	t filled	out by	/	
MEDICAL/DENTAL/VISION EXPENSE: For expenses paid in 2024 not reim amount of expenses must exceed 11% of your Income Protection Allowance To request: Provide the Office of Financial Aid with paid medical exp does not show payment, we can accept the receipt and a cancelled of your payment.	<i>(IPA)).</i> ense red	ceipts f	rom 202	24. If y	your re	eceipt		
COMMUTER TRANSPORTATION EXPENSE: Student must live 30 miles or attending classes on campus  To request: Contact the Office of Financial Aid	more a	way fro	om cam <sub>l</sub>	риs, и	vhile			
ROTATION/CLINICAL EXPENSE: For students participating in required rotal To request: Contact the Office of Financial Aid	ations fo	r the M	IPA or N	1Ed pi	rogran	7		
OTHER SPECIAL CIRCUMSTANCES:  To request: Contact the Office of Financial Aid								
<i>I agree</i> to allow the financial aid administrator to review my information to determ accommodated. I further understand that I may be asked for additional information completely denied. I understand that if this form is incomplete or lacks the require	n or tha	t my re	equest c	an be			า.	