

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
2023-2024 Cost of Attendance Increase Request Form	
The Office of Financial Aid understands that a student may have educational expenses beyond those already accounted for in their standard Cost of Attendance (COA) for the academic year. For that reason, there are certain circumstances for which an increase to a student's COA is permissible to allow the opportunity for more financial aid. An increase to the COA may not result in a change to your financial aid depending on the type and amount of awards. In order for a student to be eligible, the costs for the circumstances below must have been incurred during the current aid year (July 1, 2023 – June 30, 2024).	
Additional expenses may include, but are not limited to, the following reason(s) as outlined below. Mark all that apply to you and submit the appropriate documentation to support your request.	
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 receipts which confirm that you (the student) paid the charges. If your receipt does not show payment, we can accept the receipt and a cancelled check/or credit card statement showing your payment.	
COMPUTER PURCHASE  To request: Provide the Office of Financial Aid with the receipt from c student) paid the charges. If your receipt does not show payment, we check /or credit card statement showing your payment. Only one comacademic degree. The maximum increase is \$2,000.	can accept the receipt and a canceled
CHILDCARE EXPENSE  To request: Provide the Office of Financial Aid with the 2023-2024 Ch you and your childcare provider.	nildcare Expense Worksheet filled out by
MEDICAL/DENTAL/VISION EXPENSE: For expenses paid in 2023 not reiminamount of expenses must exceed 11% of your Income Protection Allowance To request: Provide the Office of Financial Aid with paid medical expenses not show payment, we can accept the receipt and a cancelled convolved your payment.	(IPA)). ense receipts from 2023. If your receipt
COMMUTER TRANSPORTATION EXPENSE: Student must live 30 miles or attending classes on campus  To request: Contact the Office of Financial Aid	more away from campus, while
ROTATION/CLINICAL EXPENSE: For students participating in required rotal To request: Contact the Office of Financial Aid	tions for the MPA or MEd program
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 determine if my request can be accommodated. I further understand that I may be asked for additional information or that my request can be partially or completely denied. I understand that if this form is incomplete or lacks the required documentation, no action will be taken.	