

# Cost of Attendance Adjustment Request Form

The Federal government requires universities to set a standard Cost of Attendance (COA) for students. UMass Dartmouth uses the COA as a basis for awarding financial aid. Your COA includes: **direct educational expenses** (tuition, fees, on-campus housing/meals) and **indirect educational expenses** (off campus housing/meals, supplies, personal expenses, travel expenses). COA information is available at [www.umassd.edu/financialaid/eligibility/](http://www.umassd.edu/financialaid/eligibility/)

Complete this form if you would like to receive consideration for additional education related expenses not already included in the standard COA. Submission of this form **will not** result in additional need based grant or scholarship.

Increasing your COA may allow for additional loan borrowing through the following programs:

- Federal Direct Subsidized/Unsubsidized Loan (if not already awarded maximum amount)
- Federal Direct Parent Loan for Undergraduate Students (PLUS) or Graduate PLUS Loan
- Private Student Education Loans (application and approval required through the lender of your choice)

## Student Information

_____ Student ID Number	_____ Last Name	_____ First Name	_____ M.I.
_____ Street Address	_____ City	_____ State	_____ Zip
_____ Home Phone	_____ Cell Phone		

Additional Expenses Requested	Amount Requested	Documentation Required
Books, course materials, supplies, and equipment	\$	Attach proof of receipt or invoice
Computer	\$	One-time purchase; cannot exceed \$2500. Attach proof of receipt or invoice
University Health Insurance (circle one)	Full Year Half Year	Must be enrolled in University insurance plan and be financially responsible for this cost
On-Campus Housing	\$	Attach a copy of the on-campus billing charges.
Off-Campus Housing	\$	Attach detailed summary of monthly expenses. Attach copies of lease/rental agreement, utility bills, etc.
Child Care	\$	Attach documentation including child's name, age, and monthly expenses. Include statement from daycare provider, cancelled checks, receipts, etc
Other Educational Expenses	\$	Attach detailed letter explaining your request. Attach copies of bills, receipts, and/or written estimates when applicable

By signing below, I certify that all of the information reported on this form is complete and correct. The Office of Financial Aid may request additional information. I understand that submission of this form does not guarantee approval.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Return Completed Documents To:

Student Service Center  
University of Massachusetts Dartmouth  
285 Old Westport Road  
Dartmouth, MA 02747