

**2022-2023 Cost of Attendance Increase Petition**

|  |                  |
|--|------------------|
| Student's name (last, first, middle initial) | CCA ID number    |
| Mailing address (street)                     | e-mail address   |
| Mailing address (city, state, zip)           | Telephone number |

Complete this form if you are requesting an increase in your Cost of Attendance (COA).  
**PLEASE NOTE: Increases in your cost of attendance result in additional loan or work-study eligibility rather than additional scholarship support. Not all expenses incurred by a student are eligible for financial aid assistance. Please ask your Financial Aid Counselor for more information.**

This petition is for (check all that apply):

- Living Expenses
- Transportation Expenses
- Medical, dental and/or psychotherapy expenses (not covered by insurance)
- Purchase of a computer.
- Childcare expenses
- Other (e.g. loan origination fees)

You must provide documentation of your request, e.g. receipts, bills, credit card statements, lease, etc. In addition, please attach a written statement detailing the reasons for the request on a separate sheet. Your petition cannot be reviewed without adequate documentation and the completed expense form (p 2).

**CERTIFICATION & SIGNATURE**

I certify that the information submitted with this petition to qualify for state, federal, and institutional financial assistance is true and complete to the best of my knowledge. I understand that submitting a petition does not guarantee approval for additional financial aid funds.

\_\_\_\_\_  
 Student's signature Date

|   |  |
|---|--|
| <b>FOR FINANCIAL AID OFFICE USE ONLY:</b> |  |
| Action taken:                             | <input type="checkbox"/> approved<br><input type="checkbox"/> denied <input type="checkbox"/> approved with conditions (see comments)<br><input type="checkbox"/> unable to take action (see comments) |
| Comments: _____                           |  |
| Authorized Signature                      | Date   |

## Statement of Student's Expenses and Resources

Enter the expenses you wish to be added to your 2022-23 Cost of Attendance. Expenses must be incurred during the academic year (Sept. 2022 – May 2023). Documentation is required for all of the expenses you list below. **Expenses that are not properly documented will not be approved.**

### EXPENSES

### DOCUMENTATION REQUIRED

|                      |           |      |   |
|----------------------|-----------|------|---|
| Rent/Mortgage        | \$ _____  | /mo. | Copy of signed lease, rental agreement, or mortgage statement.                              |
| Utilities:           |           |      |   |
| Gas & Electric       | \$ _____  | /mo. | Copy of utility and/or phone bill for consideration. <i>Allowable costs may be limited.</i> |
| Telephone & Internet | \$ _____  | /mo. |   |
| Water                | \$ _____  | /mo. |   |
| Subtotal             | \$ _____  |      |   |
| Academic Year        | \$ _____  |      | x 9 months (full year fall/spring) or x 4 months (one semester)                             |
| CCA Budgeted         | \$ 14,990 |      |   |
| <b>Total</b>         | \$ _____  |      | 9 Months minus CCA Budgeted amount  |

---

|                     |          |  |   |
|---------------------|----------|--|---|
| Transportation:     |          |  | Copy of receipt(s) or estimate(s) showing flight itinerary. You can increase your cost of attendance for up to two round trips tickets home each academic year. |
| Airfare             | \$ _____ |  |   |
| MBA Travel Expenses | \$ _____ |  |   |

|                       |          |      |  |
|-----------------------|----------|------|--|
| Public Transportation | \$ _____ | /mo. | Please indicate expenses for public transportation OR gasoline, whichever is greater. Do not claim both. |
| Gasoline              | \$ _____ | /mo. |  |
| Other:                | \$ _____ | /mo. |  |
| Subtotal              | \$ _____ |      |  |
| Academic Year         | \$ _____ |      | x 9 months (full year fall/spring) or x 4 months (one semester)  |
| CCA Budgeted          | \$ _____ |      | \$1,590 Off-Campus or \$1,450 With Parent(s)   |
| <b>Total</b>          | \$ _____ |      | 9 Months minus CCA Budgeted amount and airfare budget  |

---

|   |          |      |  |
|---|----------|------|--|
| Medical/Dental  |          |      | Copy of receipts, bills, invoices, medical/dental plan statements. |
| Professional Health Services                          | \$ _____ | /mo. |  |
| Psychotherapy   | \$ _____ | /mo. |  |
| Medical/Dental Insurance                              | \$ _____ | /mo. |  |
| Other:  | \$ _____ | /mo. |  |
| Subtotal  | \$ _____ |      |  |
| <b>Total x 9 months (or 4 months single semester)</b> | \$ _____ |      |  |

---

|                            |          |  |  |
|----------------------------|----------|--|--|
| Additional Course Fees     |          |  |  |
| Course Fee(s):             | \$ _____ |  | For course fee(s) you must be enrolled in the course and the fee must be mandatory.  |
| Course Fee(s):             | \$ _____ |  |  |
| Course Fee(s):             | \$ _____ |  |  |
| Course Fee(s):             | \$ _____ |  |  |
| Computer/Software Purchase | \$ _____ |  | You can only request an expense allowance for a computer purchase once every three academic years (Maximum of \$3,000 for the CPU/laptop). Additional software and hardware required by your program of study can be requested at the time it is required. |
| <b>Total</b>               | \$ _____ |  |  |

---

|                        |          |      |   |
|------------------------|----------|------|---|
| Childcare              | \$ _____ | /mo. | Copy of receipts, bills, contracts, and/or invoices.            |
| Subtotal               | \$ _____ |      |   |
| Academic Year          | \$ _____ |      | x 9 months (full year fall/spring) or x 4 months (one semester) |
| <b>Total Requested</b> | \$ _____ |      | Add all final totals from each category.                        |

I request the following assistance from the total requested above (check which type of assistance and the amount requested in each up to the total requested above)

Parent/Graduate PLUS Loan \$ \_\_\_\_\_
  Private Alternative Loan \$ \_\_\_\_\_