

2024-2025 Cost of Attendance Increase Petition

Your assigned cost of attendance may be found in Workday under My Student Finances → View Financial Aid → Estimated Costs. Complete this form if you are requesting an increase in your cost of attendance (COA).

A. STUDENT INFORMATION

Name: _____ Student ID Number: _____

B. PETITION REASON AND DOCUMENTATION – Please check all that apply.

| ELIGIBLE CATEGORIES | REQUIRED DOCUMENTATION | EXPENSES |
|--|---|---|
| <input type="checkbox"/> On-campus Housing Charges | <ul style="list-style-type: none"> A copy of your CCA housing agreement; or A screenshot of housing charges | <input type="checkbox"/> Summer 2024: \$ _____ <input type="checkbox"/> Fall 2024: \$ _____ <input type="checkbox"/> Spring 2025: \$ _____ Total Request: \$ _____ |
| <input type="checkbox"/> CCA Health Insurance Fee | <ul style="list-style-type: none"> A screenshot of CCA health insurance charges | <input type="checkbox"/> Summer 2024: \$ 639 (MFA Comics students only) <input type="checkbox"/> Fall 2024: \$ 1,685 <input type="checkbox"/> Spring 2025: \$ 2,335 Total Request: \$ _____ |
| <input type="checkbox"/> Off-campus Living Expenses <input type="checkbox"/> Rent/Mortgage <input type="checkbox"/> Utilities <input type="checkbox"/> Other _____ | <ul style="list-style-type: none"> A copy of current lease or mortgage agreement showing monthly payment; or A copy of utility bills; or Supporting documentation of expense | Monthly Rent/Mortgage: \$ _____ Monthly Utilities: \$ _____ Monthly Other: \$ _____ Total Monthly: \$ _____ x 4 months (one semester) OR x 9 months (full year) Total Request: \$ _____ |
| <input type="checkbox"/> Purchase of Computer/Technology | <ul style="list-style-type: none"> Receipt from purchase; or A screenshot showing item and cost | \$ _____ |
| <input type="checkbox"/> Transportation Expenses <input type="checkbox"/> Airfare/Mileage home (*Up to Two Round Trips Home per Academic Year) <input type="checkbox"/> Mileage to/from campus | <ul style="list-style-type: none"> Receipt from purchase; or A screenshot showing travel and cost; or Description of travel including mileage and trip frequency (Ex: Oakland to CCA 24 miles round trip 3 times per week) | \$ _____ |
| <input type="checkbox"/> Medical, Dental and/or Psychotherapy Expenses (*Not Covered by Insurance) | <ul style="list-style-type: none"> Receipt from payment; or Invoice from provider | \$ _____ |
| <input type="checkbox"/> Childcare Expenses | <ul style="list-style-type: none"> Receipt from purchase; or Invoice from provider | \$ _____ |
| <input type="checkbox"/> Other _____ *Not all expenses incurred are eligible for financial aid assistance. | <ul style="list-style-type: none"> Supporting documentation of other expense | \$ _____ |
| Total Cost of Attendance Petition Requested | | \$ _____ |

Increases in your cost of attendance result in additional loan or work-study eligibility rather than additional scholarship support.

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 \$ _____

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. **Types signatures cannot be accepted.**

Student's signature

Date

Parent's signature (required for Parent PLUS Loan Increase) Date