



**2020-2021 COST OF ATTENDANCE (COA) ADJUSTMENT REQUEST**

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_  
 Last First Middle

Telephone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Your Cost of Attendance (COA) can only reflect the cost for you, the student, to attend UNCG and is not intended to reflect all of your non-educational living expenses. These expenses may or may not increase your award, depending on your financial aid eligibility. **Please be aware that the information you provide may result in an increase, decrease or no adjustment to your COA.**

Check the box corresponding to the reason you are requesting a COA adjustment and provide the requested information and documentation for the expenses listed.

**Childcare Cost Increase** Total cost of childcare per semester \$ \_\_\_\_\_ Age of child/children \_\_\_\_\_

- Provide copy of daycare contract/agreement (additional documentation may be required)
- Documentation from childcare provider indicating if student does or does not receive assistance with cost of childcare. If assistance is received, documentation must indicate amount received.

**Computer Expenses** This adjustment is limited to a one-time addition to your Cost of Attendance, up to a maximum increase of \$1,300.00.

Total cost of computer including monitor, hard drive, and printer \$ \_\_\_\_\_. **Provide copy of itemized receipt that identifies the student as the purchaser of the computer.** Some receipts may not identify the name of the purchaser. Therefore, you must provide additional documentation that verifies the student purchased the computer.

**Housing Status** If necessary, students who decide to live off-campus must notify Housing and Residence Life to cancel their housing contract.

With Parent/Relative

On-campus

Name of residence hall: \_\_\_\_\_

Off-campus

Total rent per month \$ \_\_\_\_\_ Are Utilities included in your rent?  Yes  No

Address of off campus housing: \_\_\_\_\_

Name of Apartment Complex (if applicable): \_\_\_\_\_

**UNCG Student Health Insurance**

This adjustment is limited to a one-time addition per academic year to your Cost of Attendance. Your UNCG student account must reflect a charge for this student health insurance. Please be aware that if the insurance charge is waived, your COA and financial aid award will be adjusted accordingly.

I will be charged for the student health insurance for :  Fall Only  Spring Only  Fall and Spring

**Additional Tuition Charges** (a new request must be submitted each semester). Additional tuition charges may apply for designated applicable programs. For more information, see the [UNCG Bulletin](#).

Program Fees: Fall Hours: \_\_\_\_\_ Spring Hours: \_\_\_\_\_ Summer Hours: \_\_\_\_\_

Graduate Tuition Differential: Fall Hours: \_\_\_\_\_ Spring Hours: \_\_\_\_\_ Summer Hours: \_\_\_\_\_

EdTPA Fee: (one time only request)

Program: \_\_\_\_\_

**SIGNATURE BOX**

This is a true and accurate reflection of my cost for attendance at UNCG. I understand that I may be requested to provide additional information and documentation as necessary.

Under penalty of perjury my signature below affirms that the information provided above is true and accurate to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_