UNC GREENSBORO
Financial Aid Office

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2021-2022 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 provider indicating if student does or does not receive assistance with cost of daycare. 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**

☐ With Parent/Relative

☐ On-campus

Name of residence hall: _____

☐ Off-campus

Total rent per month $ _____ Provide copy of complete signed lease agreement.

☐ **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 _____