



2023-2024 COST OF ATTENDANCE (COA) ADJUSTMENT REQUEST

Student Name _____ Student ID _____
Last First Middle

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 a 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 documentation that verifies the student purchased the computer.

Housing Status

With Parent/Relative

On-campus

Name of Residence Hall: _____

Are you moving from one Residence Hall to another? Yes No

Off-campus

Your portion of monthly rent \$ _____ Are Utilities included in your rent? Yes No

Name of Apartment Complex (if applicable) _____

Address of Off-campus housing: _____

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 and Spring Fall Only Spring Only

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

Program Fee Tuition Differential Name of Program: _____

Licensure Exam Fee

The cost of obtaining a required license, certification, or first professional credential. Please provide documentation that includes the exam name and the date in which the expenses was incurred by the student.

Name of Exam: _____

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.

Signature _____

Date _____