



2024-2025 COST OF ATTENDANCE (COA) ADJUSTMENT REQUEST

Student Name _____ Student ID _____
Last First MI

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.

REASON FOR REQUEST

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

Adjustment for computer expenses will only be approved up to a maximum increase of \$1,300.00.

Total cost of computer including monitor, hard drive, and printer \$ _____. **You must provide documentation showing cost of computer.** Examples of documentation include copy of receipt, rental contract, or plan of purchase.

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

Course/Program Special Fees

Additional fees required for program completion only. For more information, visit <https://spartancentral.uncg.edu/tuition-billing-payments/tuition-fees/>

Name of Program: _____

Type of Fee: _____ Fee Amount: \$ _____

_____ Fee Amount: \$ _____

SIGNATURE

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 _____