



COST OF ATTENDANCE REVISION REQUEST

Select application year: 2014-2015 () 2015-2016 ()

Student Name

Student ID#

ADJUSTMENT TO ESTIMATED COST OF ATTENDANCE: *Required documentation listed on reverse side.*

Your cost of attendance may be adjusted to include other allowable cost incurred to meet your educational needs. Requests are reviewed on a case-by-case basis to determine approval. Documentation of the additional expense must be attached to this request. If approved, additional expenses are usually funded with "self-help" assistance in the form of loans.

- Medical or Dental Expense (see reverse side)
- Computer Expense (one time allowance, see reverse side)
- Childcare Expense (see reverse side)
- Commuting from outside the Corvallis area (see reverse side):
City: _____ Check all that apply: Summer () Fall () Winter () Spring ()

- Non-Traditional Student Living Expense:
 - I am a single parent living alone with legal dependents under 18 years old (list below).
Name _____ Age _____ Name _____ Age _____
 - I am 25 or older and I am the sole occupant of my dwelling.

- Tuition/fee review (see definition on reverse side and explain below)

***** **SIGNATURE AND AID REVISION APPROVAL** *****

- I accept additional Federal Loans to assist with payment of these costs or changes, if I have remaining eligibility.
- I intend to apply for an Alternative Loan to assist with my increased costs.

I have read the reverse side of this form and have supplied all required documentation required. All of the information supplied is an accurate statement regarding my current expenses. All the information included is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information I have submitted.

Student Signature

Date

ADJUSTMENT TO STUDENTS COST OF ATTENDANCE INFORMATION

- **Student Medical or Dental Expenses:** (Request may be approved for up to \$2500)

1. Attach copies of receipts documenting your out-of-pocket cost for medical procedures.
2. Required medical or dental procedures of the student that are not covered by insurance may be considered.
3. Provide documentation of insurance premium or lack of insurance coverage and the necessity of the procedure being billed.
4. An itemized listing of medical bill(s) being requested noting the procedures and cost.

- **Computer Expense:** (Request may be approved up to \$1400)

1. Attach copies of itemized receipts or estimate of intent to purchase
2. You may claim a one-time computer cost for educational purposes.
3. Payment or reimbursement will occur over your expected enrollment period.

NOTE: You may receive a one-time adjustment to your student expenses for a computer purchase for educational purposes.

- **Child Care Expense:**

1. Dependent children must live with you and be 12 years of age or younger.
2. List names, age and child care cost incurred for each one.
3. Attach documentation from your child care provider with the number of hours, days, and weeks that care is provided and the amount charged. Rates should reflect standard cost for your community.
4. Provide the source and amount of child care subsidy you receive.

NOTE: Only one parent may request child care cost if both parents are attending college.

- **Commuting Expense for Student:**

1. Indicate the address to where you will be commuting.
2. A standard commuting allowance based on the State of Oregon mileage rates will be used to determine cost. The city in which you reside will be used in this mileage calculation.

- **Tuition/fee Review:**

1. Differential tuition/fees or required program costs