

If you need assistance completing this form, please contact us at 817-272-3561.



# University of Texas at Arlington

## Office of Financial Aid

Office Use Only

### 2023-2024 Cost of Attendance (COA) Adjustment Request

Office: UAB, Room 252 Phone: 817-272-3561 Fax: 817-272-3555  
Mail: PO Box 19199, Arlington, TX 76019 Email: [fao@uta.edu](mailto:fao@uta.edu)  
**PLEASE DO NOT SUBMIT SENSITIVE PERSONAL INFORMATION VIA EMAIL**

This form can be used to request consideration of an adjustment to the standard cost of attendance used to determine financial aid eligibility. Completion of this form does not guarantee that a cost of attendance adjustment will be made or that additional aid will be awarded if an adjustment is made. Aid adjustments are subject to program and funding restrictions.

<b>Student's Name:</b>	<b>UTA ID:</b>
------------------------	----------------

1. Indicate below the educational cost component(s) to which you are requesting an adjustment.
2. Attach a detailed explanation concerning the increased cost/request along with supporting documentation to substantiate the cost/request.

Educational Cost Component	Supporting Documentation Required	Detailed Explanation	Supporting Documentation
<input type="checkbox"/> Books and Supplies	<ul style="list-style-type: none"><li>• Receipts for required books and supplies and proof of requirement that exceed estimated amount</li><li>• Receipt for the purchase of a personal computer including the type, place and date purchased, and cost (this is a one-time allowable adjustment while at UTA)</li></ul>	<input type="checkbox"/> Attached	<input type="checkbox"/> Attached
<input type="checkbox"/> Housing	<ul style="list-style-type: none"><li>• Rental/lease agreement</li></ul>	<input type="checkbox"/> Attached	<input type="checkbox"/> Attached
<input type="checkbox"/> Transportation	<ul style="list-style-type: none"><li>• Receipts for emergency car repairs in the student's name and paid by the student – do not include standard maintenance, car payments, receipts for gas, and/or insurance payments</li></ul>	<input type="checkbox"/> Attached	<input type="checkbox"/> Attached
<input type="checkbox"/> Dependent Care	<ul style="list-style-type: none"><li>• Documentation from dependent care provider</li><li>• Listing of dependents requiring care, including name, relationship, number of months in care during the enrollment period, and the monthly charge</li></ul>	<input type="checkbox"/> Attached	<input type="checkbox"/> Attached
<input type="checkbox"/> Other: _____	<ul style="list-style-type: none"><li>• Documentation to substantiate the expense/cost</li></ul>	<input type="checkbox"/> Attached	<input type="checkbox"/> Attached

#### Certification and Signature(s)

Signatures must be hand-written and not typed or forged

I certify by my signature below that the information reported on or included with this form is complete and accurate. I understand that there is no guarantee that an adjustment will be made or that additional aid will be awarded if an adjustment is made as a result of this information.

\_\_\_\_\_  
**Student's Signature (Required)**

\_\_\_\_\_  
**Date**

**WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.**