



# University of Texas at Arlington

## Office of Financial Aid

Office Use Only

### 2025-26 Cost of Attendance (COA) Adjustment Request

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

Use this form to request an adjustment to the standard cost of attendance located in your MyMav. **Only adjustments to standard costs accrued during the Summer 2025, Fall 2025, and/or Spring 2026 semesters will be considered.** Requests will be reviewed for eligibility and compliance, and all aid adjustments are subject to program and funding restrictions. Additional aid is not guaranteed.

**Along with this form, provide a letter of appeal (a detailed explanation) and include documentation.**

<b>Student's Name:</b>	<b>UTA ID:</b>
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Check the box related to adjustment request.	Documentation is required. Check the box related to the type of documentation that is attached to your appeal.
<input type="checkbox"/> Books and Supplies, Computer	<input type="checkbox"/> Receipts for required books and supplies, and proof of requirement that exceed estimated costs such as course syllabus or letter from instructor(s). <input type="checkbox"/> Receipt for the purchase of a personal computer including the type, place and date of purchase, and cost. Estimates with clear descriptions, costs, and place of purchase may be accepted. This is a one-time allowable adjustment while attending UTA.
<input type="checkbox"/> Housing	<input type="checkbox"/> Rental/lease agreement. (Utilities are not considered.)
<input type="checkbox"/> Transportation	<input type="checkbox"/> Receipts for emergency car repairs in the student's name and paid by the student. Standard maintenance, car payments, receipts for gas, and/or insurance payments are not considered.
<input type="checkbox"/> Dependent Care	<input type="checkbox"/> Documentation from dependent care provider including their name and contact information, dates of care, and monthly charge. <input type="checkbox"/> List of dependents requiring care. Include name(s), relationship, and months of needed care during enrollment.
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Documentation to confirm the expense/cost requested. These must be educationally related expenses during current enrollment at UTA. (Health insurance is already included in the general cost of attendance and therefore cannot be appealed.)

**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 because of this information.

**Check box and sign:**  I have attached a detailed explanation and supporting documentation.

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

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