



2026-2027

Cost of Attendance Budget Adjustment Appeal Form

Student Name _____ MSU Net ID _____ 9 MSU ID (9 digit) _____

The Cost of Attendance (COA) serves as an estimation of the expenses related to you enrolling at Mississippi State University. If your educational costs exceed our standard costs and you wish to request an adjustment, complete and submit this form and the documentation as specified below to our office. Please note that submitting this form does not guarantee that it will be approved, or that you will qualify for additional aid. **Approved COA adjustments are limited to one per academic year (Fall or Spring 2027). Expenses MUST be incurred during Fall 2026/Spring 2027.**

Student requests a COA Adjustment for (check one semester only): Fall 2026 _____ or Spring 2027 _____

Indicate the semester, check the reason, attach the specified documentation listed below

<input type="checkbox"/> Computer/laptop/tablet (required for your program of study)	Do NOT use this form for computer requests: <ul style="list-style-type: none">– Please use the 2026-2027 Computer Request Form https://www.sfa.msstate.edu/forms
<input type="checkbox"/> Disabled student expenses	<ul style="list-style-type: none">– Signed letter from MSU Disability Services indicating:<ul style="list-style-type: none">a) Purchase is a disability-related educational expense not paid by other sources.b) Is required for your program and/or classes.c) Amount of assistance received/will be received from outside sources/agencies.– Proof of purchase or contract to purchase with amount.
<input type="checkbox"/> Professional License or Certificate	<ul style="list-style-type: none">– Signed letter from your MSU department indicating:<ul style="list-style-type: none">a) Purchase of the license or certificate is required by a state or required to practice or be employed in student's profession.b) Proof of purchase.
<input type="checkbox"/> Unreimbursed Medical, Dental, Vision Expenses	<ul style="list-style-type: none">– One-time only medically necessary procedure not covered by insurance.– Receipts of incurred medical expense.– Receipts of amounts paid by your medical insurance.
<input type="checkbox"/> Additional course-related expenses	<ul style="list-style-type: none">– Costs must be related to a class in your program of study (equipment, additional books, or supplies).– Letter from your professor/Department Head stating this purchase is required for your course.– Proof of purchase.
<input type="checkbox"/> Unusually high housing cost	<ul style="list-style-type: none">– Letter from housing detailing why you are unable to obtain on-campus housing or less expensive on-campus housing<ul style="list-style-type: none">a) If due to disability, requires a signed letter from MSU Disability Services detailing your disability and why a specific housing/room assignment is required.– Copy of your full lease agreement if off campus.
<input type="checkbox"/> Dependent Childcare Expenses	<ul style="list-style-type: none">– Proof of enrollment from daycare facility with:<ul style="list-style-type: none">a) Daycare Facility Name, address, and phone numberb) Names and ages of your dependents enrolledc) Proof of payment

Certification Statement

Person signing below certifies that all information reported is complete and accurate. Student must sign and date below.
Warning: Purposely giving false or misleading information may result in a fine, imprisonment, or both.

Student Signature: _____ Date: _____
Pen to paper, handwritten signature ONLY. No electronic signature