



## 2023-2024 Cost of Attendance Adjustment

|                |                             |                  |
|----------------|-----------------------------|------------------|
| Student's Name | Student's <u>MSU</u> Net ID | 9                |
|                |                             | MSU ID (9 digit) |

### Purpose of this form

Financial aid is provided to you to pay for educational costs, called your Cost of Attendance. The total of your financial aid awards cannot exceed your Cost of Attendance when receiving federal financial aid. The Office of Financial Aid establishes your Cost of Attendance based on average anticipated costs. A school's cost of attendance for students includes the components of tuition/fees; food and housing; books; transportation; and personal expenses.

- **Adjustments for COA are limited to one per academic year (Fall/spring).**
- **Additional documents may be required.**
- **To check the status or see requests for any documents, log in to your MSU myState and check Eligibility Requirements; you can also see this under your MSU email address.**
- **Adjustments will be delayed if ALL documents required and requested are not signed and submitted.**

Complete this form if the student or family whose financial situation contributes to the student's education has additional allowable costs during the academic year (August 2023 – May 2024) that will increase the overall Cost of Attendance (COA).

A student may request an adjustment to their COA for the following reasons:

- Cooperative education cost
- Disability-related expenses
- Dependent or childcare cost
- Study Abroad cost – Please see separate form on the Financial Aid Office website for this cost appeal

**Submitting this COA form does not guarantee your total financial aid eligibility will increase. This form will not increase your federal grants. However, it could increase your eligibility for a Parent or Grad PLUS loan, alternative loans, etc. If loans are increased, it is your responsibility to take the necessary steps to secure the additional loan funds.**

### When to submit this form

Requests must be processed by the last day of classes for the semester(s) you are attending for this academic year. In order to ensure that your request can be reviewed, submit this application and all requested documentation as soon as possible, preferably no later than one month prior to the end of the semester.

This form should only be used **after** the current Free Application for Federal Student Aid (FAFSA) has been submitted. Each request for review is evaluated on an individual basis.

### Where to submit this form

Using the information provided in the top right corner of this form, you may submit this completed form by either securely uploading it to [sfa.msstate.edu/dawg-documents](https://sfa.msstate.edu/dawg-documents), mailing it to the Office of Student Financial Aid (P.O. Box 6035, Mississippi State, MS 39762), or by emailing it to [SFADocuments@msstate.edu](mailto:SFADocuments@msstate.edu).

### Questions?

If you have any questions, please contact the Office of Student Financial Aid at (662) 325-2450 or email [financialaid@msstate.edu](mailto:financialaid@msstate.edu).

### Request

Please check the situation(s) for which you are requesting an appeal. Documents listed below are required when submitting an appeal. Failure to provide documentation will result in the cancellation/denial of application.

**Cooperative education cost**

Please explain the costs you have which are associated with a work experience under an MSU cooperative education program. For example, if you have additional transportation costs to/from your work site, please indicate the starting and ending addresses for your commute. Addition documentation may be requested.

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**Disability-related expense**

Attach the following:

- Documentation from Disability Services that this is a disability-related educational expense.
- Proof of purchase or contract to purchase with amount.

By submitting this form, you are certifying that this expense is not being paid by another agency.

**Dependent or childcare cost**

Attach a letter or other documentation from the dependent care provider showing the following:

- The monthly (or weekly) cost of the care.
- The number of hours per month (or week) which are covered by the care provided.
- Confirmation that you have contracted for the dependent care service.

Additionally, please provide the following information regarding dependents in your care:

| <b>Dependent Care Expense Required Information</b> |            |                     |                        |
|--|------------|---------------------|------------------------|
| <b>Dependent's Name</b>                            | <b>Age</b> | <b>Relationship</b> | <b>Monthly Expense</b> |
|  |            |                     | \$                     |
|  |            |                     | \$                     |
|  |            |                     | \$                     |
|  |            |                     | \$                     |

**Certification**

I certify that the information listed above is true and complete to the best of my knowledge.

\_\_\_\_\_

**Student's Signature**

\_\_\_\_\_

**Date**