

# DILLARD UNIVERSITY

## 2022-2023 COST OF ATTENDANCE RECONSIDERATION

Student's Name: \_\_\_\_\_

Student's ID # \_\_\_\_\_

The purpose of this form is to allow students an opportunity to submit additional information regarding a change in their Cost of Attendance (COA) that has not been previously considered. The University assigns each student a COA, also known as a Budget, which determines an estimated cost of their educational expenses for a given award period. The COA is comprised of the following components: Tuition/Fees, Room/Board, Books/Supplies, Transportation, Personal/Miscellaneous Fees and Average Loan Fees.

During the awarding process, the Office of Student Financial Aid uses the equation: COA – EFC = Need. The EFC is Expected Family Contribution which is determined by the Federal Government when applying for financial assistance through the Free Application for Federal Student Aid (FAFSA). When packaging students, their financial aid award (Federal Aid, State Aid, Scholarships, etc.) cannot exceed the student's COA.

Only on a case-by-case basis, the institution may re-evaluate a student's COA depending on exceptional circumstances. The evaluation will be based on out of pocket expenses paid during the enrollment/COA period which is checked below. If you believe your COA warrants re-evaluation resulting from one or more of the circumstance listed below, then complete and submit this form along with a written statement detailing your situation and supporting documentation to substantiate your circumstance. Please check all categories shown below that are applicable.

Please check appropriate enrollment period(s):  Fall 2022     Spring 2023     Summer 2023

**\*\*COA WITHOUT DOCUMENTATION WILL NOT BE CONSIDERED\*\***

CIRCUMSTANCE-EXPENSES:	DOCUMENTATION REQUIRED:
<input type="checkbox"/> Dependent Child Care	<ul style="list-style-type: none"> <li>• Copy of invoice and/or letter from the provider on letterhead that confirms enrollment, effective dates and amount paid per child per week/month.</li> <li>• Cancelled checks confirming payment or bank statement showing payment.</li> </ul>
<input type="checkbox"/> Change in Housing Status	<ul style="list-style-type: none"> <li>• Copy of Lease and/or Rent receipts</li> <li>• Cancelled checks confirming payments or bank statement showing payment.</li> <li>• Proof of Utility, Telephone (home), Cable bills</li> <li>• <b>Confirmation of Dorm Room Change (from double to single)</b></li> </ul>
<input type="checkbox"/> Books and Supplies	<ul style="list-style-type: none"> <li>• Paid Invoice/Receipts confirming payment</li> </ul>
<input type="checkbox"/> Transportation*	<ul style="list-style-type: none"> <li>• Confirmation of distance travel</li> <li>• Paid receipts of additional expense incurred</li> </ul> <p>Note: Transportation is for the operation and maintaining of a vehicle that I used to transport the student to and from school, but not for the purchase of a vehicle.</p>
<input type="checkbox"/> Personal/Miscellaneous ___ Purchase of a Computer for Educational Purpose ___ First Professional Credential ( <i>applicable to degree program requiring licensure or certification</i> )	<ul style="list-style-type: none"> <li>• Reason for purchase or credential</li> <li>• Receipts showing payment</li> </ul>
<input type="checkbox"/> Disability-related/Medical expenses	<ul style="list-style-type: none"> <li>• Submit <b>ONLY</b> services/equipment/medical expenses paid out-of-pocket which is not covered by insurance or agency for which payments were paid. <b>We will not consider expenses which have not yet been paid.</b></li> <li>• Federal IRS Tax Transcript – Include the following if medical expenses were NOT claimed on Federal Tax Return.</li> <li>• Copies of bills, AND cancelled checks or credit card statement reflecting these payments.</li> <li>• Itemized list of monthly payments, AND cancelled checks or credit card statements reflecting the payments.</li> </ul> <p>Note: These expenses include special services, personal assistance, transportation* (see Note under transportation), equipment, and supplies that are reasonably incurred and not provided by other agencies.</p>
<input type="checkbox"/> Other: Please Specify	

Remember: All valid requests for reconsideration **must** include the following: 1) This signed Cost of Attendance form 2) A signed **detailed statement** explaining your situation/circumstance and 3) **All required documents** which verifies your situation/circumstance. Please allow 7-10 business days for processing. **The Financial Aid staff reserves the right to request additional documentation.** Submitting a request does not guarantee and approval.

I have read and understand the content of this request:

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_