



2008-2009 Cost of Attendance Revision Request

Student Name: _____ Student ID: _____

ADJUSTMENT TO ESTIMATED COST OF ATTENDANCE: *Required documentation listed on reverse side.*

Your cost of attendance may be adjusted to include other allowable cost incurred to meet your educational needs. Requests are reviewed on a case-by-case basis to determine approval. Documentation of the additional expense must be attached to this request. If approved, additional expenses are usually funded with "self-help" assistance in the form of loans.

____ Medical or Dental Expense (see reverse side)

____ Computer Expense (one time allowance, see reverse side)

____ Childcare Expense (see reverse side)

____ Commuting from outside the Corvallis area (see reverse side):

City: _____ Check all that apply: Summer () Fall () Winter () Spring ()

____ Non-Traditional Student Living Expense:

I am a single parent living alone with legal dependents under 18 years old (list below).

Name _____ Age _____ Name _____ Age _____

I am 25 or older and I am the sole occupant of my dwelling.

***** **SIGNATURE AND AID REVISION APPROVAL** *****

____ I accept additional federal loans to assist with payment of these costs or changes if I have remaining eligibility.

____ I intend to apply for an Alternative Loan to assist with my increased cost.

I have read the reverse side of this form and have supplied all required documentation required. All of the information supplied is an accurate statement regarding my current expenses. I understand that incorrect information may affect future financial aid funding.

Student Signature: _____ Date: _____

ADJUSTMENT TO STUDENTS COST OF ATTENDANCE

- **Student Medical or Dental Expenses:** (Request may be approved for up to \$2500)
 1. Attach copies of receipts documenting your out-of-pocket cost for medical procedures.
 2. Required medical or dental procedures of the student that are not covered by insurance may be considered.
 3. Provide documentation of insurance premium or lack of insurance coverage and the necessity of the procedure being billed.
 4. An itemized listing of medical bill(s) being requested noting the procedures and cost.

- **Computer Expense:** (Request may be approved up to \$1700)
 1. Attach copies of itemized receipts or estimate of intent to purchase
 2. You may claim a one-time computer cost for educational purposes.
 3. Payment or reimbursement will occur over your expected enrollment period.

NOTE: You may receive a one time adjustment to your student expenses for a computer purchase for educational purposes.

- **Child Care Expense:**
 1. Dependent children must live with you and be 12 years of age or younger.
 2. List names, age and child care cost incurred for each one.
 3. Attach documentation from your child care provider with the number of hours, days, and weeks that care is provided and the amount charged. Rates should reflect standard cost for your community.
 4. Provide the source and amount of child care subsidy you receive.

NOTE: Only one parent may request child care cost if both parents are attending college.

- **Commuting Expense For Student:**
 1. Provide statement for the need to commute outside the Corvallis area.
 2. Indicate your physical address and the address of where you will be commuting.
 3. A standard commuting allowance based on the State of Oregon mileage rates will be used to determine cost.