



Cost of Attendance Change Request

Office of Financial Aid and Scholarships
P.O. Box 3011 Commerce, Texas 75429
Phone: 903.886.5096 Fax: 903.886.5098
FAO.Web@tamuc.edu

Office Use Only
FACR

STUDENT'S NAME: _____ CWID: _____

Circle Student Classification: Undergraduate Graduate Doctoral

Circle the semester/term for which you are requesting a review/change:

| | | | | |
|---------------------|-----------------|------------------|------------|-------------|
| Semester | SUMMER (I) 2021 | SUMMER (II) 2021 | FALL 2020 | SPRING 2021 |
| Census Date: | 06/10/2021 | 07/15/2021 | 09/09/2020 | 02/03/2021 |

NOTICE: By requesting a review for additional loan eligibility, I understand that the review may not result in additional loans being awarded. I also understand I may be utilizing loans for personal and miscellaneous expenses, thereby, increasing the overall amount of student loan debt I have incurred. **Please note that requests for Cost of Attendance Change Request are not processed until after the census date of each semester/term for which the request is submitted.** *Change requests submitted for a term that has ended may not be reviewed*

Please check the reason for your request:

_____ Enrollment for term checked above is Greater than:

_____ 15 credit hrs. –Undergraduate _____ 6 credit hrs.–Graduate _____ 6 credit hrs. for Summer Undergrad/Grad

_____ **Childcare Expense:** (During the time student is attending). Documentation from child care provider needs to be included with this request. **Acceptable Documentation:** Copy of your child(ren) care contract or signed letter from your child care provider that indicates the name(s) and age(s) of the child(ren) being cared for, the location where the child(ren) are watched, the days per week your child(ren) is watched, length of time and the cost to watch the child(ren).

_____ **Computer/ Musical Instrument/ Photography/Art Equipment:** **Three (3) estimates of cost will need to be included** with this request. This is allowable for a one time purchase. A receipt will need to be provided to the Financial Aid & Scholarship Office **within 30 days** of receipt of the additional funds. (Musical instrument or photography, art equipment will only be approved for students in those majors).

_____ **Books and Supplies:** Additional costs above the already included book and supplies allowance provided in the cost of attendance. **Receipts of purchase will need to be included with this request.**

_____ **Mileage** (Requirement of the major, Residency/ Internship or Observation). Additional costs above the already included mileage allowance provided in the cost of attendance.

Reason for Mileage: _____

Starting Address: _____

Address of location traveling to: _____

Days per Week: _____ Start Date of Travel: _____ End Date of Travel: _____

*Academic Advisor Signature (Required): _____

_____ **Other:** _____. Please include documentation of the expense such as receipts and/or estimates with this request.

Certification and Signature

- Processing for Fall/Spring terms will begin **after** week three of the term. Summer terms will begin **after** week two of start of the term.
- I understand that I will receive a revised award notification via myLEO email once the request is processed.
- I understand that a Cost of Attendance increase may not guarantee an increase in additional financial aid.

Student's Signature

Date