

2018-2019 Special Circumstances

Cost of Attendance Adjustment Request

Student Name:	SU ID Number:
	form does not allow for the creation of scholarships or grants. Rather, it allows a student to possibly to help cover necessary expenses.
an opportunity for y on the Free Applicat request will be revie	University's commitment to serve the needs of all our students as individuals, we offer this form as rou to elaborate on your family's needs and how any of these circumstances not taken into account tion for Federal Student Aid (FAFSA) may affect your financial aid eligibility. Every submitted ewed and any changes made will be decided on a case by case basis. Please note: Submission of a grantee changes in financial aid. All decisions are final.
fees, room, and boar The COA will vary f programs. Adjustmo original allotment.	ance (COA) consists of a number of costs, both actual and estimated. Actual costs include tuition, rd. Estimated costs include books and supplies, transportation, personal expenses, and loan fees. From undergraduate to graduate students and among the different graduate and professional ents to the COA may be made if a student has experienced an unexpected expense outside of the
<u>Purchase</u>	e of a computer
adjustment software, ha must have o	computer for college use in 2018/2019 (limit of costs up to \$2,000). This is a one-time only Receipt indicating total cost of one computer, amount paid, and the date of purchase. Additional ardware, and peripherals will not be considered, unless required by program of study. Purchase occurred in 2018 if request made prior to start of fall 2018 term or during 2018-19 academic year if the after the start of the 2018 fall.
	tion to provide (required):
	eceipt indicated completed transaction including payment s or other program requirements indicating needed additional software, hardware, and/or rals
\$	Total Cost
	Department
	Program of Study

attendi	ed for the use of independent students who find it necessary to place a dependent in child care while ng class, study groups, labs, or conducting research for related classes
> As	entation to provide (required): igned, itemized statement from childcare provider detailing the amount charged of of registration at child care provider
<u>Trave</u>	el Expense
TravelDocumNaStaDes	must be required for course/program completion (typically medical/health related rotations) must be in excess of amount already allotted in original COA tentation to provide (required): me of professor/instructor overseeing your rotation or travel: cting address/residence address: stination address: es travel begins and ends:
process may tal in a timely man	e requests will not be reviewed until all necessary documentation has been submitted. The review se as much as four weeks for processing during peak processing times (summer months). Please submit ner in order to avoid penalties for delays in paying your bill. Once the review is complete, you will I through your @samford.edu email address notifying you of the outcome.
true and correc	w, I have certified that the information provided on this form, and in corresponding documentation, is to the best of my knowledge. I understand this does not guarantee any changes in the original financial ered and some aid may be adjusted, should I be offered other sources of financial aid.

Samford University Student Financial Services

Student Signature _____ Date _____