HAMPTON UNIVERSITY
OFFICE OF FINANCIAL AID & SCHOLARSHIPS
HAMPTON, VA 23668
http://www.hampton.edu/studentservices/financialaid

COST OF ATTENDANCE RECONSIDERATION REQUEST:

Tuition & Fees, Room & Board, Books & Supplies, Miscellaneous & Personal Expenses, Transportation

THIS IS THE STANDARD COA

Increase is subject to review and approval based on professional judgment.

Please complete the form fully and return to the Office of Financial Aid. The proper documentation must accompany this form when submitted. Any missing information on this form will cause a delay in your request. Cost of Attendance (COA) Requests will be processed within two to three weeks of a Financial Aid Administrator receiving your completed form and documentation. Expense(s) must incur during the academic year. The COA is developed in accordance with federal guidelines to allow for standard education-related expenses that most students experience. The Financial Aid Office does understand that some students may have expenses that are higher than the standard budget.

Please be aware that the decision rendered by the Financial Aid Office regarding your appeal is FINAL. This appeal is not transferable to the Department of Education; it is strictly a Hampton University decision!

COA increases will NOT be processed during the periods of registration; Fall, Spring & Summer.
Students are allowed only one COA increase request each academic year.

Name _____ HU ID # _____

Telephone (_____) _____

Check all that apply. I am requesting a Budget Increase due to one of the following:

_____**Personal computer or laptop purchase -** Please provide the invoice along with a receipt. Your purchase date must have been no more than 30 days prior to any period of enrollment.

_____ **Medical expenses above the current budget - for yourself or a dependent.** Please provide documentation such as prescription receipts, medical bill receipts, insurance receipts and/or documentation for consideration of any special circumstances.

_____ **Childcare expenses -** Please provide documentation of paid receipts or invoices for the month and/or documentation for consideration of any special circumstances.

_____**Adult Care Expenses -** Please provide documentation of paid receipts or invoices for the month and/or documentation for consideration of any special circumstances.

_____**External educationally activity related -** to the pursuit of degree, supported by Dean or Chair; **any educationally item** needed that exceeds Budget limit; awarded only up to program limit.

REVISED, 09/26/13

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The following expenses will **NOT** be allowed for budget increases:

- ✓ Telephone expenses
- ✓ Credit card debt
- ✓ Expenses incurred prior to the beginning of the academic year
- ✓ Utility expenses
- ✓ Car payments/insurance/repairs
- ✓ Household expenses (groceries)
- ✓ Personal lifestyles expenses

I certify that, to the best of my knowledge, the information provided on this form is true and correct. I understand that any misrepresentation by omission or falsification of information on any part of this form may jeopardize any assistance I may be receiving. I fully understand that the Financial Aid Office has the sole authority to cancel all financial aid if data irregularities exist.

Student's signature _____ Date _____

REVISED, 09/26/13