

2019-2020 COST OF ATTENDANCE INCREASE FORM

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Filing Deadline:

OFFICE OF FINANCIAL AID
 556 EAST CIRCLE DRIVE, ROOM 252, EAST LANSING, MI 48824-1113
 517/353-5940 FAX: 517/432-1155 E-MAIL: FINAID@MSU.EDU

STUDENT NAME
STUDENT PID NUMBER

COST OF ATTENDANCE INCREASE REQUESTS WILL BE CONSIDERED FOR THE 2019-2020 ACADEMIC PERIOD ONLY. COMPLETE ONLY THE ITEMS THAT PERTAIN TO YOU. INCOMPLETE FORMS WILL NOT BE PROCESSED.

INDICATE WHICH SEMESTER(S) YOU PLAN TO ATTEND DURING THE 2019-2020 ACADEMIC PERIOD BY FILLING IN THE NUMBER OF CREDITS YOU ARE **REGISTERED** FOR EACH SEMESTER

FALL 2019 CREDITS =	SPRING 2020 CREDITS =	SUMMER 2020 CREDITS =
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REASON FOR INCREASE REQUEST	AMOUNT REQUESTED	DOCUMENTATION REQUIRED
BOOKS, SUPPLIES, THESIS COSTS, OR PROFESSIONAL LICENSING FEES (THE ONLY COSTS THAT WILL BE CONSIDERED ARE THOSE THAT EXCEED THE ALLOTTED AMOUNTS INCLUDED IN THE MSU AVERAGE COST OF ATTENDANCE)	\$	1. LETTER FROM ACADEMIC OR MSU SUPPORTING DEPARTMENT STATING THAT BOOKS, SUPPLIES, THESIS COSTS, OR LICENSING FEES ARE A REQUIREMENT FOR COMPLETION OF STUDY. (ALTERNATIVE DOCUMENTATION FOR BOOKS AND SUPPLIES CAN BE COPIES OF REQUIRED BOOK LISTS.) 2. RECEIPTS FROM ALL PURCHASES. 3. DOCUMENTATION OF THE LICENSING FEES.
MEDICAL EXPENSES FOR CURRENT ACADEMIC PERIOD (STUDENTS ONLY)	\$	COPIES OF BILLS AND/OR INSURANCE PREMIUMS SHOWING COSTS INCURRED FOR YOU, THE STUDENT , DURING ACADEMIC PERIOD. THESE MUST BE COSTS THAT HAVE BEEN PAID BY YOU AND ARE NOT COVERED BY INSURANCE OR PAID BY ANY OTHER PERSON/SOURCE.
ADDITIONAL COMPUTER PURCHASE REQUEST LIMITED TO \$500 OR LESS	\$	1. WRITTEN STATEMENT EXPLAINING WHY YOU REQUIRE AN ADDITIONAL COMPUTER INCREASE. 2. COPY OF RECEIPT SHOWING COMPUTER WAS PURCHASED WITH PRIOR FUNDING
CHILD CARE/ELDER CARE (COSTS RELATED TO MSU ATTENDANCE) AGES OF CHILDREN ____ ____ ____ WILL YOU RECEIVE REIMBURSEMENT FROM A SOCIAL SERVICES AGENCY OR OTHER SOURCE? YES ____ NO ____ IF YES, LIST AMOUNT \$ _____	\$	1. WRITTEN STATEMENT EXPLAINING THE NECESSITY FOR COSTS TO BE INCURRED AND THE NUMBER OF CARE HOURS NEEDED PER WEEK. 2. DOCUMENTATION FROM THE CARE PROVIDER OF COSTS TO BE INCURRED. IF LETTER FROM CARE PROVIDER IS NOT ON BUSINESS LETTERHEAD, LETTER MUST BE NOTARIZED. 3. IF YOU ARE MARRIED, YOUR SPOUSE IS EXPECTED TO CONTRIBUTE ONE HALF OF THE COSTS. IF YOUR SPOUSE CANNOT CONTRIBUTE ONE HALF OF COSTS, PROVIDE A STATEMENT EXPLAINING WHY. LIST THE NUMBER OF HOURS YOUR SPOUSE WORKS PER WEEK, AND THE RATE OF PAY.
DEPENDENT LIVING COSTS (APPLIES ONLY TO INDEPENDENT STUDENTS WITH DEPENDENT CHILDREN)	\$	WRITTEN STATEMENT INDICATING THAT YOUR CURRENT RESOURCES ARE NOT ADEQUATE TO SUPPORT YOUR DEPENDENT CHILDREN.
OTHER RELATED EDUCATIONAL COSTS (E.G., INTERNSHIP, FIELD EXPERIENCE, CONFERENCE)	\$	1. DOCUMENTED APPROVAL FROM ACADEMIC OR MSU SUPPORTING DEPARTMENT (OLIN/RCPD). 2. ITEMIZATION OF COSTS TO BE INCURRED.

STUDENT'S SIGNATURE:	DATE:
LOCAL PHONE NUMBER:	

RETURN THIS FORM ALONG WITH REQUIRED DOCUMENTATION.

COA

MSU is an affirmative-action, equal-opportunity employer.

ISSUED BY:

DATE ISSUED: