

## COST OF ATTENDANCE (COA) ADJUSTMENT REQUEST

COAAR

Print Student's Last name, First, M. I.

CofC ID Number

Student Cost of Attendance (COA) is calculated using the most recent CofC Student Expense Survey, regional Consumer Price Index (CPI), CofC tuition, fees, room, and board. Student COA can only reflect the cost for you to attend COFC and not intended to reflect all of your non-educational living expenses. Please provide a written explanation of the circumstances that may necessitate an adjustment to your COA. **Please be aware that the information you provide may result in an increase, decrease or no adjustment to your COA. Check the box corresponding to the reason you are requesting a COA adjustment and provide the requested information and documentation for the expenses listed.**

### Laptop Computer Purchase

\$\_\_\_\_\_. Total cost of computer (may include a monitor and printer). A copy of invoice, cart, or purchase receipt is required. These expenses may or may not increase your award, depending on your financial aid eligibility. COA adjustment for laptop purchase limited to one time while you are a student at CofC. *If you are requesting an increase in your COA due only to computer costs, you may skip to the signature box on Page 2, sign, date, attach documentation and submit the form for processing.*

### Childcare Expenses

\$\_\_\_\_\_. Total cost of childcare per semester. A copy of the daycare contract/agreement is required. (If the provider is an individual, then a notarized statement is required.) *If you are requesting an increase in your COA due only to childcare costs, then skip to the signature box on Page 2, sign, date, attach documentation and submit the form for processing. (Do not include costs paid for or reimbursed by third party. i.e.: ABC vouchers, costs paid by other parent, costs paid by employer ... )*

### Complete COA Review

If you are requesting a complete review of your COA, complete items 1 through 5, attach documentation for each and submit for processing. Note COA adjustments assume your legal residency status, and that not all of the information you provide below may be applicable in calculating a revised COA.

#### 1. CofC Direct Expense.

Number of credit hours: Fall \_\_\_\_\_ Spring \_\_\_\_\_

Actual/projected cost of books & supplies: Fall \$ \_\_\_\_\_ Spring \$ \_\_\_\_\_

#### 2. Housing Status.

\_\_\_ With Parent/Relative

\_\_\_ On-campus Residence Hall: \_\_\_\_\_ Single/Double/Triple room? \_\_\_\_\_

\_\_\_ Off-campus. We expect you to have at least one roommate with whom you equally share expenses. If no roommate, provide explanation as to why. Your share of rent per month \$ \_\_\_\_\_. Attach copy of lease agreement (Mortgage payments do not apply.).

Your share of total estimated utilities per month: \$ \_\_\_\_\_. Attach a copy of the most recent utility bill or estimate from utility company. You may include internet/cable access, if applicable.

#### 3. Food Expenses.

On-campus – 21-meal plan cost, unless your actual meal plan is less.

Off-campus – The total cost of groceries per month: \$ \_\_\_\_\_. (One way to arrive at this estimate is to review what you have spent on groceries over the last three months.)

Office of Financial Assistance & Veteran Affairs

66 George Street | Charleston, SC 29424

[www.cofc.edu/finaid](http://www.cofc.edu/finaid)

P:843.953.5540 F:843.953.7192

[financialaid@cofc.edu](mailto:financialaid@cofc.edu)

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**4. Personal and Miscellaneous Expenses.**

\$ \_\_\_\_\_ Total entertainment costs per month.  
\$ \_\_\_\_\_ Total laundry costs per month.

Other (explain):

\_\_\_\_\_ Total cost per month \$ \_\_\_\_\_  
\_\_\_\_\_ Total cost per month \$ \_\_\_\_\_

\$ \_\_\_\_\_. Total Personal and Miscellaneous Expenses.

**5. Transportation Expenses.**

On-campus resident: Total cost of round-trip travel between your COFC residence and your permanent residence  
\$ \_\_\_\_\_. Total number of miles one-way to your permanent address: \_\_\_\_\_.

Off-campus student with local permanent residence: Total round-trip mileage between COFC and your local permanent residence:  
\_\_\_\_\_.

Off-campus student with non-local permanent residence: Total cost of round trip travel between your local address and your permanent address \$ \_\_\_\_\_. Total number of miles one-way from your local address to your permanent address: \_\_\_\_\_.

The financial aid appeals committee will consider this request. Please allow 10 business days for a COA adjustment request to be reviewed. You will be notified of the decision. The decision of the appeals committee is final. If the COA request is approved and you have no remaining eligibility for federal or state aid, you may apply for additional [PLUS Loan](#) or [Alternative loan](#) eligibility.

By my signature below, I am certifying that I understand the terms of this review. I understand that I may be requested to provide additional information and documentation as necessary. Under penalty of perjury, I affirm that the information contained on this COA form and supporting documentation is, to the best of my knowledge, a true and accurate reflection of my cost of attendance at CofC.

\_\_\_\_\_  
Student's Signature Date

Office use only below: \_\_\_\_\_ COA Request Approved. \_\_\_\_\_ COA Request Denied.

\_\_\_\_\_  
Aid Officer's Signature on behalf of Appeals Committee Date

P&P 9.3.5.1  
Updated 07/30/2020