2025-2026 COST OF ATTENDANCE INCREASE REQUEST

STUDENT'S NAME: LAST:		FIRST:	M.I.:

STUDENT'S UMB ID #:	PROGRAM OF STUDY:	EXPECTED GRAD DATE (MM/YYYY):	AMOUNT REQUESTED:
@00			$

The Cost of Attendance Request allows a student to request an increase to their budget for reasonable additional/ extenuating expenses that are not included in the standard cost of attendance (COA). All expenses must be incurred during the current academic year and clearly documented. Students must provide the required documentation listed supporting the request. **Requests will not be reviewed until all documentation has been submitted.** University Student Financial Assistance may request additional documentation from the student after an initial review. If the request is approved, the student will be contacted with the next steps for requesting a loan increase. Reviews may take up to six (6) weeks.

Please note that budgets **CANNOT be adjusted for consumer debt, such as credit card debt, elective medical procedure costs, car payments/car insurance, moving expenses, living expenses for a spouse, or private school tuition (list is not exhaustive).

Select the reason(s) for the COA increase below:

☐ **Living Expenses—**Select this option if your expenses exceed the amount already allocated in the COA. The documentation must clearly show that your monthly expenses exceed the standard monthly allocations listed. Select all options you wish to be considered for an increase and provide the required documentation.

☐ Rent—Standard allocation: $1,650/month. Approved increases are capped at $2,000/month.
- Signed lease for the current academic year that shows all tenants, dates of the lease, and monthly rent amount. Rent will be divided according to the number of tenants on the lease.
- Proof of payment in the student's name for 1 month's rent.

☐ Utilities—Standard allocation: $250/month.
- Must provide proof of 2 months' paid bills. Bills and payments must be in the student's name and dated during the academic year.

☐ Food—Standard allocation: $650/month. Frequent food delivery charges (i.e. DoorDash, Uber Eats, Grubhub etc.) will not be considered.
- Must provide 2 months of grocery receipts that show monthly cost. Receipts must be dated during the academic year.

☐ Parking—Standard allocation: $150/month. Parking must be at the student's place of residence or related to an educational activity (in class, at internship location etc.)
- Must provide 2 months' paid receipts that clearly show monthly cost. Receipts must be dated during the academic year.

☐ **Transportation Expenses –** If you have transportation costs that exceed the standard allocation. Transportation costs must be for education-related activities. Standard allocation: $2,000/academic year (specific programs include an additional travel allowance for rotations and residencies). Students must provide the following documentation:
- Typed and signed statement from the student detailing the reason for the additional costs and the amount. The statement must also include the address/location of where the student is traveling to and from, the days of the week the student is traveling, and the number of trips per week.
- A copy of your current class schedule.

☐ **Medical Expenses –** If you have incurred additional expenses for treatment(s) or service(s) that are deemed medically necessary by a licensed physician and are not covered or reimbursable by your insurance provider or another source. Copays are not eligible for consideration. Students must provide the following documentation:
- Copy of paid bills. The medical procedure and payments must be dated during the current academic year and clearly indicate the amount the student was responsible for after health insurance.
- Copy of an Explanation of Benefits from the Insurance provider.
- Typed and signed statement from the student.

☐ **Childcare or Other Dependent Expenses –** If you have additional expenses for the care of a child or other legal dependent during class time or during other education related activities. Reasonable costs are considered up to $1,000/month for 1 child, and a maximum of $2,000/month for 2 or more children under the age of 12. Private school tuition costs will not be considered. Students must provide the following documentation.

- Typed and signed statement on letterhead from the daycare or care provider indicating name and age of child(ren) as well as monthly or weekly charges per child. The dates of enrollment must be within the current academic year. For other dependents, the student must still provide a similar letter from the care provider.
- Signed 2024 IRS Tax Return Transcript or signed 2024 Federal Income Tax Return showing that the child was claimed as a dependent.
- Proof of payment by the student for 1 month of childcare costs.
- A typed and signed statement from the student explaining the care arrangements and providing any clarifying details not included by the care provider or listed in the chart.
- Completion of the chart below.

Name of Child/Dependent	Age	Relationship to You	Does the person live with you full time?	Days of the week under care (e.g. M/T/W/TH/F)	Total hours per week or month in care	Total cost per week or month

☐ **Other Expenses –** If you have other expenses not listed. Students must provide the following documentation.

- A typed and signed letter detailing the specifics for their request and how the additional expense applies as an academic related expense.
- Copies of any paid receipts or bills related to the additional expense.
- Any additional documentation substantiating the request for consideration.

BY SIGNING BELOW I CERTIFY THAT I UNDERSTAND THE FOLLOWING:

- Submission of this request does not guarantee that I will receive additional funding from the University Student Financial Assistance office.
- Failure to submit all required documents will delay the processing of this request.
- I will be notified via email of the committee's decision within six weeks of my submitting **ALL** required documents.
- The University Student Financial Assistance office reserves the right to increase my COA by an amount equal to or less than the amount requested.
- The information and documentation I am providing is true and correct to the best of my knowledge.

STUDENT'S SIGNATURE:_____ **DATE:**_____

Counselor's Section:

Date Received_____ ____BUADJ Requirement Set To 'D' Date Forwarded to Committee: _____