



COST OF ATTENDANCE ADJUSTMENT

A cost of attendance for school and personal expenses has been established by CMN-Financial Aid Office based upon average yearly costs. The Cost of Attendance (COA) is broken down into broad categories. Please select from one of the options below if you have expenses that we may not have included or are of an extraordinary nature and submit the requested information. Please refer to CMN's Cost of Attendance for established expense amounts. **Note: Grant monies is not set aside for these requests.**

STEP 1: Select the semester you wish to request a COA adjustment.

Fall Spring Summer

STEP 2: Attach a type letter of explanation. You must provide a detail, signed letter supporting your request.

STEP 3: Check the reason(s) you are requesting a COA adjustment and attach the required documentation for each situation. **Receipts must be dated within the time of enrollment in the current semester/academic year.** This will not be reviewed if the expenses occurred before the first day of the semester in which you want the increase considered.

RENT/MORTGAGE EXPENSES

Submit a copy of your monthly mortgage payment or rental lease agreement. Adjustments will be made only if the payment exceeds what is already allotted in the current cost of attendance budge.

CHILD CARE EXPENSES

Submit a copy of tuition agreement from your daycare provider. The statement from the daycare provider must include: name of child(ren), age, cost per child, and dates verifying current enrollment. **Children under the age of 12 (Maximum of 3)**

1.)	<input type="text"/>	Date of Birth	<input type="text"/>
2.)	<input type="text"/>	Date of Birth	<input type="text"/>
3.)	<input type="text"/>	Date of Birth	<input type="text"/>

TRANSPORTATION

Attach photocopies of paid receipts for bills incurred for costs for operating and maintaining a vehicle which is used to transport the student to and from school not covered by insurance (does not include purchase of vehicle)
Attach supporting mileage map (MapQuest, Google map, etc.) to show mileage from your home to CMN. Please include daily round trip mileage, and number of trips per week.

UNUSUAL MEDICAL/DENTAL/OPTICAL EXPENSES

Attach photocopies of paid receipts for medical/dental/optical bills (not including co-pays).

OTHER EXPENSES (Such as tuition and fees above 12 credits and additional school supplies)

Attach photocopies of paid receipts for supply bills or a copy of your class schedule for tuition and fee expenses.

STEP 5: CERTIFICATION STATEMENT

Your signature on this document confirms your acknowledgement of the following:

- ❖ The information submitted for review is true and correct to the best of your knowledge.
- ❖ Processing time may take 4-6 weeks for the request.
- ❖ Changes resulting from this review do not guarantee an increase in aid.
- ❖ Status of request will be emailed to your CMN student email.
- ❖ All required documents needs to be submitted before COA request can be completed.

Student Signature

Date

Student Name

Telephone

Office Use Only

Date: _____ Processed By: _____

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