



OFFICE OF FINANCIAL AID  
COST of ATTENDANCE ADJUSTMENT REQUEST

CFCOA

**PLEASE READ AND INITIAL THAT YOU UNDERSTAND THE FOLLOWING:**

\_\_\_\_\_ The College of Southern Nevada (CSN) develops standard allowances for education related expenses a student is expected to incur during the period of enrollment. These costs include tuition, fees, room, board, books, supplies, transportation, and miscellaneous personal expenses and are referred to as the Cost of Attendance.

\_\_\_\_\_ The Cost of Attendance (COA) will vary according to your enrollment (Full-Time – 12 credits or more, Three-Quarter Time – 7 to 9 credits, Half-Time – 4 to 6 credits, and Less Than Half-Time – 1 to 3 credits), your residency status (in-state or out-of-state), and dependency status. Costs are calculated by using average versus actual expenses. Financial Aid can only consider the *direct costs* associated with supporting the student’s education and **will not** make allowances for items already accounted for in the Cost of Attendance calculation.

\_\_\_\_\_ Cost of Attendance Adjustments for the following, but not limited to, **will not** be taken into consideration:

- Purchase or down-payment for a vehicle
- Cell phone
- Clothing
- Credit Card payments
- Gym Memberships

\_\_\_\_\_ Increasing your Cost of Attendance does not always result in additional financial aid.

\_\_\_\_\_ Incomplete requests (missing documentation, information, and/or signatures) **WILL** be denied.

\_\_\_\_\_ The decision for the Cost of Attendance Adjustment is FINAL and cannot be appealed. The decision can be reviewed *if* your circumstances have changed.

\_\_\_\_\_ A Statement detailing the items for which a COA adjustment is requested **MUST** be attached to this form.



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_____ NSHE ID	_____ LAST NAME	_____ FIRST NAME	_____ MI
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Check the box below that most closely fits your reason for requesting an adjustment to your Cost of Attendance. Please provide appropriate documentation to support your request:

**ALLOWABLE PROGRAM EXPENSES – REQUIRED DOCUMENTATION:**

- Automotive** – Attach a class schedule, syllabus outlining required tools/equipment, and receipts documenting purchases.
- Aviation Lab Fees** – Attach a class schedule.
- Culinary** – Attach a class schedule, syllabus outlining required tools/equipment, and receipts documenting purchases.
- EMT** – Attach a class schedule.
- Health Care/Limited Entry Program:** \_\_\_\_\_ – Attach a copy of your acceptance letter and class schedule.  

Name of Program  
 Student Level in program (circle one): 1<sup>st</sup> Year    2<sup>nd</sup> Year    3<sup>rd</sup> Year    4<sup>th</sup> Year  
 Full Time Enrollment in program:     Yes     No

**Limited Entry Program Students ONLY** – Health Insurance. Proof of monthly premium medical insurance payments paid by student. You must notify Financial Aid upon cancellation of insurance or coverage by an employer.

**OTHER ALLOWABLE EXPENSES – SEE REQUIRED DOCUMENTATION FOR EACH CATEGORY:**

- Child/Elderly Care** – Attach a receipt of expenses paid by you and a letter from the child care provider/agency with appropriate signatures. *If the provider is an individual, a notarized statement will be required that income is reported on the individual's tax return.* Documentation must include payments made by a third party/organization.
- Disability Expenses, Educational Related** – Please attach a receipt paid by you along with written documentation on why the disability related expense was necessary. Documentation must include payments made by third party/organization.

**CERTIFICATION AND SIGNATURE:**

I certify the information on this Cost of Attendance Adjustment Request, and any supporting documentation is accurate, true, and complete to the best of my knowledge. I will provide additional information if requested by the CSN Financial Aid Office.

_____ Student Signature	_____ DATE
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<b>SCHOOL USE ONLY – DO NOT WRITE BELOW</b>	
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> POSTPONED	
COMMENTS:	
FAA SIGNATURE:	DATE: