## 2023-2024 Cost of Attendance Adjustment Request

### Applicant Information

<table>
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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Date</th>
<th>GWID</th>
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**Program Graduation Year:**

**Email:**

**Phone #:**

- Use of this form is for a one-time cost of attendance (COA) adjustment. Additional requests will require a new form.
- You may request an increase of your COA for valid education related expenses as defined by the [US Department of Education](https://www2.ed.gov) and incurred during the academic year that have not already been included in the current COA. Requests are reviewed on a case-by-case basis by the Office of Financial Aid. Supporting documentation must be provided before a request can be considered. Please indicate below the type of request and attach the appropriate documentation.
- The last day to submit a request for PA students is April 15 of the current academic year.
- Additional documentation may be required to properly review this request.
- **Note:** Requests submitted that are incomplete will not be reviewed or processed.

### Out-of-Pocket Medical or Dental Expenses

$_______ Provide PAID IN FULL itemized receipts of expenses that are not reimbursed by insurance or other sources.

### Dependent Care Costs

$_______ Provide notarized contract.

### Local Transportation Costs Exceeding COA Allowance

$_______ Provide receipts and/or google maps. Mileage will be reimbursed at $0.655/mile.

### Disability Accommodation Expenses

$_______ Please contact [dss@gwu.edu](mailto:dss@gwu.edu) for assistance in documenting accommodations.

### Other Education Related Expense

$_______ Attach explanation and appropriate documentation.

Please Increase my loan(s) for semester:

- [ ] Fall
- [ ] Spring
- [ ] Summer

- [ ] Unsubsidized Federal Direct Loan
- [ ] Graduate PLUS Federal Loan

Amount: $______

**Note:** Graduate PLUS loans are credit based. A credit check is valid for 180 days. This may impact your credit score.

By signing this form, I certify that the information provided within this request is true and accurate. I acknowledge that I may be subject to disciplinary action and be liable for repayment of any financial assistance received if the information that I am providing is inaccurate or untrue.

I understand that approval of the request for additional COA funds does not guarantee receipt of additional loan proceeds or the amount of funds requested. I understand that a revised financial aid email will be sent to me, if approved.

Student Signature: ___________________________ Date: ___________________________

This form and all documentation must be submitted to the GW SMHS Office of Financial Aid in person (Ross Hall Room 106) or via [medfinan@gwu.edu](mailto:medfinan@gwu.edu). If you are submitting this form electronically please make sure to password protect your PDF. This form and the approval of requests is subject to change based on changes in institutional and federal regulations.