



## 2023-2024 Cost of Attendance Adjustment Request

### APPLICANT INFORMATION

LAST NAME	FIRST NAME	DATE	GWID
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](#) 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.**

\$ _____ <b>Out-of-Pocket Medical or Dental Expenses:</b> Provide PAID IN FULL itemized receipts of expenses that are not reimbursed by insurance or other sources.
\$ _____ <b>Dependent Care Costs:</b> Provide notarized contract.
\$ _____ <b>Local Transportation Costs Exceeding COA Allowance:</b> provide receipts and/or google maps. Mileage will be reimbursed at \$0.655/mile.
\$ _____ <b>Disability Accommodation Expenses:</b> Please contact <a href="mailto:dss@gwu.edu">dss@gwu.edu</a> for assistance in documenting accommodations.
\$ _____ <b>Other Education Related Expense:</b> Attach explanation and appropriate documentation.
Please Increase my loan(s) for semester: _____ Fall _____ Spring _____ Summer _____ Unsubsidized Federal Direct Loan Amount: \$ _____ _____ Graduate PLUS Federal Loan Amount: \$ _____ <b>Note:</b> 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. <b>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.</b>
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.