

Cost of Attendance Change Request Form

Student Name _____ Blinn ID# _____

Academic Year: (circle correct year) 2023-2024 2024-2025

You have notified this department you have special circumstances, which your current set estimated cost of attendance, does not cover your basic educational expenses. To determine if adjustments can be made to your set estimated cost of attendance, please complete the appropriate sections below and return this form with the applicable documentation.

Submission of documentation does not guarantee a cost of attendance adjustment will be warranted and processed. Increasing the cost of attendance does not mean that you will receive more financial aid, but it does provide the opportunity to receive more if you have not already been awarded the maximum awards.

- We are unable to make changes to your cost of attendance and revise aid for a term that has already ended.
- This form can only be used to change the cost of attendance and is not used to change data listed on the Free Application for Federal Student Aid (FAFSA).

Check Appropriate Reason for Request

A. Computer Purchase

Required document (s) for all requests: The receipt of the computer you have purchased or a dated printout of the computer you are planning to purchase. Computer purchase is a **one-time** adjustment for your **academic career. If your program requires a computer with specific minimum requirements to participate in the program and the computer purchased with the previous adjustment is no longer viable (ie: stolen or broken), an additional adjustment may be made. You MUST provide documentation showing the computer from the previous adjustment is no longer viable (ie: police report, estimate to repair computer etc.)**

- Adjustment can only be made for a “reasonable” amount. A “reasonable” amount is typically up to **\$1000**. A higher amount may be considered for certain required coursework with supporting documentation. Incoming Texas A&M Engineering Academy at Blinn-Brenham (BYOD) may be considered for an increase up to **\$1700**.

B. Dependent care/Childcare Expenses-Narrative required.

- Copies of receipt(s)/contract indicating monthly payment amount.

Other: (Description) **Narrative required, please attach:**

Student Signature _____ Date _____

WARNING:
If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.