



7750 Montpelier Road
Laurel, Maryland 20723
www.muih.edu
410-888-9048

Increase Cost of Attendance (2018-2019)

Student Name (Print) _____

Student ID _____

Please indicate below the types and amounts of cost you have incurred. Attach any documentation may be helpful to approve your request. **(COA increase is available one time per year)** with a letter of explanation.

Books/ Supplies/Special Course Fees:

\$ _____

I paid more than the estimated amount for books and supplies.

Computer/Tablet purchase:

\$ _____

I purchased/leased a computer or tablet.

Transportation/Lodging:

\$ _____

I have transportation expenses needed to complete my course of study.

I have lodging expenses needed to complete my course of study.

(DO NOT consider: purchase of vehicle, auto loan, insurance, and general Maintenance)

Healthcare:

\$ _____

I purchased healthcare insurance or have documentation
Of medical expenses paid.

Childcare or Elderly Care:

\$ _____

Child care expenses for your dependent child monthly.

Elderly care expense for your father or mother monthly.

Total:

\$ _____

By signing this form, I certify that the information provided within this request is accurate. I agree to provide the Office of Financial Aid additional information if necessary. I acknowledge that I may be liable for repayment of any financial assistance received if the information that I am providing is inaccurate.

Student Signature _____

Date _____

For Office Use Only

Adjusted made: \$ _____ Date: _____ Approved: _____ Denied: _____ Advisor: _____

Comment: _____