



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

Increase Cost of Attendance (2020-2021)

Student Name (Print) _____

Student ID _____

Please indicate below the types and amounts of the cost you have incurred. Attach any documentation that 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 a 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 the 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: _____