



Cost of Attendance Adjustment Request Form 2022-2023

Financial Aid Office
7750 Montpelier Road
Laurel, Maryland 20723
p: 410-888-9048
e: financialaid@muih.edu

Student's Name (Print)

Student ID

Student's MUIH Email Address

Student's Phone Number

The Cost of Attendance (COA) represents an estimate of the education related costs incurred while attending Maryland University of Integrative Health during an academic year. Education related costs include: tuition and fees, room and board, books and supplies, transportation, and miscellaneous. If a student experiences a change in his/her expenses, our office may be able to adjust the student's cost of attendance. Adjustments could consist of adding new costs or increasing existing costs. Federal financial aid regulations allow universities to adjust your cost of attendance only if education-related expenses exceed the cost of attendance listed on your financial aid offer.

Note: Increasing your cost of attendance does not guarantee additional federal financial aid eligibility. Cost of Attendance adjustment is available only one time per year (some exceptions may apply and will be evaluated on a case-by-case basis).

I am requesting a Cost of Attendance adjustment for (check one):

- Fall Trimester
- Spring Trimester
- Summer Trimester

Check the boxes that apply, include total amount for each, and submit the corresponding documentation.

- Purchase of a computer
 - An adjustment to include the cost of a computer may occur **once** as a graduate student. **Limit amount of \$2,000.**
 - Your cost of attendance will be increased by a standard amount unless your college or department requires specific hardware and/or software. If a specific computer is required, submit documentation from your college or department detailing the cost.
 - Total: \$_____
- Health Care
 - Submit documentation of recent medical expenses paid or purchase of healthcare insurance
 - Total: \$_____
- Child care or other dependent care expenses
 - Submit documentation from your child or other dependent care provider which details the monthly expense (e.g. contract, monthly statements, etc.).
 - Child or other dependent care expenses may be included if the student is incurring the expense while attending class.
 - List below the children or other dependents for whom you will be paying child care or other dependent care expenses.
 - Total: \$_____

Name of Child or Dependent	Age	Date Child or Dependent Care Begins

Continue to Page 2

The following items may be increased if your actual expense is greater than the amount already budgeted. Review your estimated Cost of Attendance by navigating to our MUIH website: Admissions > Office of Financial Aid > Cost of Attendance > Current and Upcoming Year Cost

- My Books and Supplies exceed the amount already included in my cost of attendance.
 - Submit copies of your receipts indicating the amount spent on books and/or supplies
 - Total \$ _____
- My Room and Board exceeds the amount already included in my cost of attendance.
 - Submit a copy of your lease agreement indicating your portion of the rent.
 - Submit a written statement detailing your monthly food/grocery expenses.
 - Submit copies of the past three (3) month's utility statements (ie. water, trash, electricity, gas, internet, cable, phone, etc.) indicating your portion.
 - Note:** Adjustments made for this category must reflect a reasonable expense; not all adjustments will be accepted due to the lifestyle choice of the student.
 - Total: \$ _____
- My Transportation expenses exceed the amount already included in my cost of attendance.
 - Submit documentation for any recent maintenance or operating expense you may have incurred (*general maintenance, purchase of a new vehicle, auto loan, or auto insurance will not be considered*)
 - Submit documentation of airfare expense when coming to MUIH for class
 - Total: \$ _____
 - Your cost of attendance may be increased if your daily commute to campus exceeds 60 miles. Please provide the following:

Student's Street Address

Number of Commute days/week

City

State

Zip

Daily Miles Roundtrip

Grand Total (please add all total amounts): _____

Certification Statement

The information contained in this request and any supporting documents is true and complete to the best of my knowledge. I understand that submission of this form does not guarantee a change in my financial aid eligibility.

Signature of Student (required)

Date

For Office Use Only
Adjustment made: \$ _____ Date: _____ Approved: _____ Denied: _____

Financial Aid Advisor Signature: _____

Comment: _____