

Student Name:

Student ID:

Special Circumstance Cost of Attendance Appeal Form 2024-2025

This form is used to request an adjustment to a student's cost of attendance when their expenses are greater than the University's cost of attendance. Applications are considered incomplete without all of the required documentation. **All special circumstance appeals are required to have a detailed letter of explanation in addition to the supporting documentation.**

This appeal allows students to request an increase to their COA that will allow primarily for increased borrowing from the PLUS or GradPLUS programs, or a private education loan.

Cost of Attendance Item (check only the box that applies)	Documentation Required
Additional Required Fees and/or Educational Expenses During The Period Of Enrollment	<ul style="list-style-type: none">• Copy of receipts for any additional required fees, professional associations, etc.• Copy of registration showing credit hours in excess of average load
Additional Transportation Expenses	<ul style="list-style-type: none">• Signed detailed statement indicating mileage traveled per week, reason for travel, frequency and semester(s)• Receipts of travel expenses (if applicable)• A copy of MapQuest showing mileage
Expenses Related To Child/Dependent Care	<ul style="list-style-type: none">• Daycare or provider bills/receipts/statement from provider with cost(s)
Additional Personal/Miscellaneous Care Expenses	<ul style="list-style-type: none">• Receipts of purchase(s), or an estimated cost print out for item(s)
Other	<ul style="list-style-type: none">• Receipts of purchase(s), or an estimated cost print out for item(s)• Any other appropriate documentation

Certification Statement: I (we) certify that all of the information provided is correct. I (we) understand that additional information may be requested. I (we) understand that the appeal decision made by Capital University's financial aid office is final and cannot be appealed.

STUDENT SIGNATURE: _____ **DATE :** _____

PARENT SIGNATURE (IF DEPENDENT STUDENT) : _____ **DATE :** _____