



Office of Financial Aid

114 Silas H. Hunt Hall • Fayetteville, Arkansas 72701
 (479) 575-3806 • (479) 575-7790(Fax)

2019-2020 Cost of Attendance Adjustment Form

Student's Name _____
 (Please Print)

Student ID Number _____

Reauthorization of the Higher Education Act of 1965 has allowed for increasing your Cost of Attendance based on the following issues. Please understand that this is only a Cost of Attendance adjustment and any amount of additional financial aid that may be received is subject to Federal Regulations.

Mark Appropriate Box

<p style="text-align: center;"><input type="checkbox"/> Personal Computer purchase</p> <p>You are allowed a Cost of Attendance increase for the purchase cost of a personal computer. A copy of your receipt for the purchase of your computer is required.</p> <p>By signing this form you are indicating that you have requested your cost of attendance to be adjusted to include the purchase of a personal computer and any required additional items (printer, software, etc.).</p> <p>Type of Computer: _____</p> <p>Place of Purchase: _____</p> <p>Date of Purchase: _____</p>	<p style="text-align: center;"><input type="checkbox"/> Child/Dependent care expense</p> <p>You are allowed a Cost of Attendance increase if you pay day care or after school program expenses for dependents. If more than one family member is attending the University of Arkansas, only one person per household can claim the Cost of Attendance adjustment for these expenses</p> <p>List the name(s), amount(s) paid per month and number of months during your enrollment for which the expense will be paid for the dependent(s) you are supporting.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name of Dependent</th> <th style="text-align: left;">Relation to you</th> <th style="text-align: left;">Number of months</th> <th style="text-align: left;">Monthly Amount Paid</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: center;">\$ _____</td> </tr> </tbody> </table> <p>Provide documentation of payment for these expenses such as receipts or a statement from your care provider.</p>	Name of Dependent	Relation to you	Number of months	Monthly Amount Paid	_____	_____	_____	\$ _____	_____	_____	_____	\$ _____	_____	_____	_____	\$ _____
Name of Dependent	Relation to you	Number of months	Monthly Amount Paid														
_____	_____	_____	\$ _____														
_____	_____	_____	\$ _____														
_____	_____	_____	\$ _____														

Signature _____ Date _____

Please submit this form to the Financial Aid Office at the address listed above.