



Request for Cost of Attendance Increase

Name: _____ AU ID# _____

We understand that life can provide unexpected expenses. If your expenses exceed the basic Financial Aid budget, we may be able to help. Please consider all of your expenses for the academic year when completing this request since we will only consider **one** adjustment per year.

Please use this form to help us understand your request and financial need. Once you have completed this form and gathered your documentation, please email your request to financialaid.au@antioch.edu.

1. Indicate the circumstances surrounding your request for an adjustment.

Housing Expenses (Rent or mortgage, Utilities)

Transportation Expenses (Milage, Unexpected vehicle repair)

Education related expenses (tutoring; special equipment; computer, residency expenses)

Dependent care expenses (Elementary/Secondary tuition or child care costs)

Medical and dental expenses (not covered by insurance)

Other (please explain) _____

2. Please fill in the table below.

Housing Expenses	Monthly Cost	Recommended Documentation
Rent or Mortgage	\$	Lease or mortgage statement
Utilities	\$	Copy of bills
Transportation Expenses	Monthly Cost	Recommended Documentation
Mileage	\$	Paid receipt
Other	\$	Paid receipt
Education Related Expenses	Monthly Cost	Recommended Documentation
Computer (one allotment)	\$	Paid receipt
Residency requirement costs	\$	Paid receipt
Dependent Care Expenses	Monthly Cost	Recommended Documentation
Day care expenses	\$	Invoice from provider
Elementary and Secondary tuition	\$	Invoice from school
Medical/ Dental expenses	Monthly cost	Recommended Documentation
	\$	
Other	Monthly Cost	Recommended Documnetation

