Student Financial Services

Telephone: 607-746-4570

Website: www.delhi.edu/sfs

Appointments: www.delhi.edu/sfsconnect Secure Upload: www.delhi.edu/finaid-upload

SUNY Delhi Student ID								
8	0	0						

2021-2022 Cost of Attendance (COA) Adjustment Request Form

SUNY Delhi.

Students receiving financial aid are assigned an estimated budget, often referred to as the Cost of Attendance (COA). The COA includes but is not limited to, tuition and fees, room and board, books and supplies, personal expenses, and transportation. If your estimated COA does not adequately reflect your educational expenses for the academic year you may submit this form to justify your additional expenses. COA increases can only be approved for the additional cost that exceeds the current budgeted amount within the COA. Please note an increase to your COA does not directly increase your financial aid but may provide an increase to your budget to allow for additional aid opportunities, such as increased loan borrowing.

SECTIO	ON 1 – STUDENT INFORMATION					
Name:	·					
Please in	ON 2 – SEMESTER Indicate which semester's COA you are looking to accept the semester of the s	<u></u>				
	Additional Expenses	Required Documentation				
	Tuition and/or fees exceeding your standard COA budget	None if listed on your semester bill				
	Rent and Utilities	Signed lease and/or utility bills				
	Books and Supplies	Receipts for books and supplies and/or proof of cost for books and supplies if prior to purchasing				
	Computer/Laptop	Receipt or proof of cost if prior to purchasing				
	Transportation	Receipts and/or other supporting documentation				
	Uninsured Medical Costs Paid Out of Pocket	Copies of uninsured medical expenses and proof of payment that occurred during the academic year				
	Child Care or Dependent Care	Documentation for child/dependent care expenses				
	Other (Note: Not all expenses can be included in COA)	Supporting documentation for expense				
The infor at SUNY above pro	Delhi of any error or omission in the above information,	best of my knowledge. I agree to notify Student Financial Services or of any further circumstances that may affect the accuracy of the ith this agreement could result in forfeiture of financial aid				
Student	Signature	Date				