



2025-2026 Cost of Attendance Adjustment Request

This form must be completed and returned in order for you to have financial aid applied to your account and, if applicable, receive a refund check.

Student Information

Name: _____
Last First Middle Maiden

Current Mailing Address: _____
City State Zip

(Required) Social Security No: ____/____/____ Date of Birth: ____/____/____

Home Phone: (____) _____ Work Phone: (____) _____ Cell: (____) _____

Your Cost of Attendance (COA) can only reflect the cost for you, the student, to attend RCC and is not intended to reflect all of your non-educational living expenses. Please provide a written explanation of the circumstances that may necessitate an adjustment to your COA. Please be aware that the information you provide may result in an increase or no adjustment to your COA.

Check the box corresponding to the reason you are requesting a COA adjustment and provide the requested information and documentation for the expenses listed.

Childcare Cost Increase

Total cost of childcare per semester \$ _____

Provide copy of daycare contract/agreement (additional documentation may be required)

If you are requesting an increase in your COA due only to childcare costs, then proceed to the signature box on Page 2 and sign your name below the statement before submitting this form to the Office of Financial Assistance and Engagement.

Computer Expenses

These expenses may or may not increase your award, depending on your financial aid eligibility. This adjustment is limited to a one-time addition to your Cost of Attendance.

Total cost of computer including monitor, hard drive, and printer \$ _____

Provide copy of receipt that identifies the student as the purchaser of the computer.

If you are requesting an increase in your COA due only to computer costs, then proceed to the signature box on Page 2 and sign your name below the statement before submitting this form to the Office of Financial Assistance and Engagement.

Complete COA Review

If you are requesting a complete review of your COA, fill in sections 1 through 4 and provide all requested documentation.

Please note that a COA adjustment is based in part on your dependency status, and that not all of the information you provide below may be applicable in calculating a revised COA.

1. RCC Direct Expenses

- Residency Status In State Out of State
- Number of credit hours Fall _____ Spring _____
- Actual/projected cost of books and supplies Fall \$ _____ Spring \$ _____

2. Room and Board Expenses

- With Parent/Relative
- In personal residence
 - Total rent per month \$ _____ Provide copy of lease agreement (mortgage payments do not apply)
 - Total utilities per month \$ _____ Provide copies of three months of utility bills
 - Total cost of groceries per month \$ _____ Provide copies of three months of grocery receipts

3. Miscellaneous Expenses

Other (explain):

_____ Total cost per month \$ _____
_____ Total cost per month \$ _____
Total \$ _____

4. Transportation Expenses

- Resident with local permanent residence
 - Total round-trip mileage between RCC and your local permanent residence \$ _____
 - Address _____
Street _____ City _____ State _____ Zip Code _____
- Resident with non-local permanent residence
 - Total cost of round-trip travel between your local address and your permanent address \$ _____
 - Total number of miles one-way from your local address to your permanent address _____
 - Permanent residence: City _____ State _____ Zip code _____

I certify that the information provided is accurate and agree to provide additional information if it is requested. I understand that this information may be used to override federal regulations. I understand that if I purposely give false or misleading information in connection with my application for federal aid, I may be subject to a fine of up to \$20,000, sent to prison, or both.

Student Signature _____ **Date**

For Office Use Only:

- APPROVED
- DENIED

Comments: _____

Signature: _____ Date: _____