

STUDENT INFO	
Student Name:	Student ID:
Phone Number:	Email:

Financial Aid determines the Cost of Attendance (COA) for school and personal expenses annually based on the average cost a student will incur each semester. The COA considers your cost of tuition and fees, housing, books and supplies, transportation, and other educational related expenses. If you have expenses that may not have been included or that result from extenuating circumstances, please provide a statement explaining the values, reasons, and indicate the sources from the list of choices below. The Financial Aid Office may consider adjusting your COA by incorporating new expenses, or increasing existing ones.

NOTE: Federal, State, or institutional Grant funds are not set aside for these requests. Submission of this form does not guarantee approval of your request. Prior year COA adjustment requests will not be processed. Prior term awards and disbursements are subject to Federal regulations as retroactive or late disbursements and rules may apply. Requests are reviewed on a case by case basis. ALL DECISIONS ARE FINAL.

STEP 1: INDICATE YOUR REASONS FOR COA ADJUSTMENT – PROVIDE PROOF

Please check any items that you would like to consider for your Cost of Attendance Adjustment Request. For any item you choose, you will need to provide proof (supporting documentation is required). Any items missing supporting documentation will be disregarded for your request.

- Educational Expenses**
 - This request will be reviewed after the census date of the semester in which you are enrolled.
 - Expenses for tuition and fees, books, and additional school supplies beyond the amount allocated in your COA, and any financial aid book grants from your Pell Grant, EOPS, and SD Promise departments.
 - Attach photocopies of paid receipts for educational expenses.

- Mortgage / Rent Expenses** (adjustments will be made only if the payment exceeds what is already allotted in the current COA)
 - Submit a copy of monthly mortgage payment, or rental lease agreement.
 - Attach copies of receipts detailing your monthly grocery bill (not including any covered by benefits such as EBT, Cal Fresh, etc.)
 - If paying a portion of the rent and/or utilities, provide a statement and proof indicating how much you are paying.

- Child Care Expenses**
 - Submit a copy of the tuition agreement from your daycare provider. The statement from the daycare provider must include the name of each child, their age, cost per child and dates verifying current enrollment.

- Computer Purchase** (increase cannot exceed \$750)
 - Provide a copy of a paid receipt for your computer or laptop purchase.
 - The Financial Aid Office will only process one request in the duration of your program.

- Transportation**
 - We will not review this request until after the census date of the semester you are enrolled.
 - Attach photocopies of paid receipts for bills incurred for auto repairs not covered by insurance (Do not include insurance premiums, regular maintenance, or cosmetic repairs).
 - For any required travel expenses between your home and the class location(s), campus, field trips, class projects, etc.

- Unusual Medical / Dental / Optical Expenses** (please contact a financial aid counselor for guidance)
 - Include copies of paid receipts for medical/dental/optical bills (not including co-pays).

- Unusual Debts** (please contact a financial aid counselor for guidance)
 - Attach photocopies of paid receipts for bills due to unusual debts.
 - Unusual debt may include expenses from failed businesses, education loans, non-discretionary personal debts, credit card debts due to paying for living expenses while unemployed, and legal fees for divorce or adoption.
 - *Attention: Recreational or discretionary credit card debt will not be considered.*

2026-2027

REQUEST TO ADJUST COST OF ATTENDANCE



San Diego Miramar College | Financial Aid Office
10440 Black Mountain Road | San Diego, CA 92126
619-388-7864 | miraid@sdccd.edu

STEP 2: LETTER OF EXPLANATION

On a separate piece of paper, or in the space provided below, please describe (in paragraph form) any expenses that you have incurred during the academic year that exceeds the standard COST OF ATTENDANCE budget as seen on your financial aid award letter.

(you may use this area to provide your statement, or attach a separate statement)

SIGNATURE

Your signature on this document confirms your acknowledgment of the following:

- You have read each section, provided the required documentation, and acknowledge that the Financial aid office may require additional documentation.
- The information submitted for review is true and correct to the best of your knowledge.
- Providing false or fraudulent information may result in reduced eligibility, repayment of aid, or both.
- During peak periods, processing times may increase.
- The decision of this form will be communicated via email, to the e-mail address as indicated in your account.
- Any changes to the Cost of Attendance resulting from this review does not guarantee an increase in financial aid.

Student Signature:

Date:

OFFICE USE ONLY: APPROVED

DENIED

STAFF SIGNATURE/DATE: