Cost of Attendance Adjustment

Submit via: Confidential Document Submission Portal: https://www.csub.edu/finaid/upload
or Return to: California State University, Bakersfield
Office of Financial Aid & Scholarships
48 SA
9001 Stockdale Highway, Bakersfield, CA 93311-1022
Telephone: (661)654-3016  FAX: (661)654-6800  Web: http://www.csub.edu/finaid  E-Mail: finaid@csub.edu

Student Name: __________________________ CSUB Id: __________________________

(Please print)

Per Federal regulations an adjustment to the Cost of Attendance (COA) may be made when the standard COA does not reflect the student’s true costs. Professional Judgement will be used to consider unusual circumstances on a case-by-case basis. The COA for a student represents an estimate of that student’s educational expenses for their period of enrollment. If a student has eligible expenses beyond those estimated in their COA, they may complete this form and must attach receipts of their eligible expenses. Expenses must be incurred during the corresponding academic year and be directly related to the period(s) of enrollment for which the student is requesting an increase to their COA. An increase in COA does not guarantee that financial aid awards will be increased. Increases are contingent upon award limits based on eligibility, grade level, and fund availability.

1. Please place a check mark to indicate why you are requesting an increase in your Cost of Attendance (COA).
   - [ ] Due to Grants or Scholarships
   - [ ] To increase Work-study
   - [ ] To increase Loan(s)

2. Please place a check mark to indicate your living arrangements during the 2022-23 academic year.
   - [ ] With Parents
   - [ ] Campus Dorms
   - [ ] Off Campus

<table>
<thead>
<tr>
<th>Source of Expense</th>
<th>Monthly Amount</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation¹</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Medical²</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental²</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Optical²</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vehicle Repair³</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private K-12 School Tuition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computer Purchase⁴</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others - list below</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total $ __________________________

Receipts must be attached.

Certification & Signature

Signing below certifies that all of the reported information is complete and correct.

WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

Student Signature __________________________ Date __________________________

¹ Commuters >= 15 miles from campus
² Only those expenses not covered by insurance
³ Vehicle used to travel to/from school
⁴ Student’s computer ONLY