

2023-24 Cost of Attendance Adjustment Request

Student Financial Services 1825 N Bluemound Dr PO Box 2277 Appleton, WI 54912-2277 Email: financialaid@fvtc.edu Phone: 920-735-5650 Fax: 920-735-5763 Website: www.fvtc.edu/finaid

This form is used to document a request to increase a student's cost of attendance of certain cost components not already included in the standard calculation as required by the Department of Education.

The following documented cost components may be added upon the student's request:

- Dependent Care Expenses
- Disability Related Expenses
- Personal Computer Expense
- Study Abroad Expenses (only if Study Abroad experience satisfies a financial aid eligible program of study requirement)

Documentation of each requested component and amount(s) must be submitted with this completed form and must be incurred during periods of enrollment. Examples of documentation include: Receipts, contracts/agreements for services and/or products, invoices or bills.

Student Name Stu	dent ID
I have the following costs I will incur during my period of enrollment	nt at FVTC (check all that apply):
☐ Dependent Care Cost	
☐ Personal Computer Cost	
☐ Disability Related Cost	
☐ Study Abroad Expense	
I will incur these costs during the following terms I am enrolled at I	FVTC (check all that apply):
☐ Fall 2023	
☐ Spring 2024	
☐ Summer 2024	
CERTIFICATION STATEMENT: By signing this worksheet, I certify that all of the information repor	ted is complete and correct.

Signature of Student

Date