



# 2026-27 Cost of Attendance Adjustment Request

Student Financial Services  
1825 N Bluemound Dr  
PO Box 2277  
Appleton, WI 54912-2277

Email: [financialaid@fvtc.edu](mailto:financialaid@fvtc.edu)  
Phone: 920-735-5650  
Fax: 920-735-5763  
Website: [www.fvtc.edu/financialaid](http://www.fvtc.edu/financialaid)

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 can include: Receipts, contracts/agreements for services and/or products, invoices or bills.

**Student Name** \_\_\_\_\_ **Student ID** \_\_\_\_\_

I have the following costs I will incur during my period of enrollment 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 FVTC (check all that apply):

- Fall 2026
- Spring 2027
- Summer 2027

**CERTIFICATION STATEMENT:**

By signing this worksheet, I certify that all the information reported is complete and correct. **WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.**

Signature of Student

Date

**ELECTRONIC SIGNATURES NOT ACCEPTED**