



## 2022-2023 Cost of Attendance Adjustment Request

**Student Name** \_\_\_\_\_ **CSULB ID Number** \_\_\_\_\_

You may request an increase to your Financial Aid Cost of Attendance (COA) by submitting this appeal. If approved, your COA will be adjusted which typically allows you to borrow more loan funds, depending on annual loan limits and/or credit approval (for PLUS or private loans). Only expenses occurring within the academic year (July – June) are considered. Note that submission of an appeal does not guarantee approval.

### Example of expenses not eligible to appeal your Cost of Attendance

- Utility bills, car payment and auto insurance
- Health insurance premiums and copays
- Purchase of a car, routine maintenance

### Allowable Expenses and Required Documentation

1. Provide a signed personal statement addressing your appeal to increase your Financial Aid Cost of Attendance.
2. Select the reason(s) for your appeal and provide supporting documentation:
  - Change in Housing Status** (different from what you reported on FAFSA or Dream Application)
    - I am living on-campus
    - I am living with my parent(s)
    - I am living off-campus
      - **Documentation Required:** Copy of your lease or rental agreement
  - Rent or Housing Cost is higher than that allowed in CSULB’s Cost of Attendance.**
    - My rent is \$\_\_\_\_\_/per month
    - Do not submit if your rent is equal to or less than \$1,104/month.  
Maximum allowable amount is \$1,400 per month for the academic year.
    - **Documentation Required:** Copy of your lease or rental agreement or copies of two most recent rent receipts and a letter from your landlord
  - Computer cost** \$\_\_\_\_\_ (Allowable up to \$1,000 once per academic career.)
    - **Documentation Required:** Copy of receipt that includes your name and date of purchase
  - Dependent Care expenses for my legal dependent totaling** \$\_\_\_\_\_
    - **Documentation Required:** Signed copy of the contract or a statement from the provider, on letterhead including the specific dates of care, times during which care occurs and costs
    - Allowable childcare expenses during times when the student is in class and/or participating in program related activities.
  - Disability-related expenses totaling** \$\_\_\_\_\_
    - **Documentation Required:** Copies of receipts or copy estimated expenses (supply catalog, etc.) and a letter from the Bob Murphy Access Center documenting your disability and verifying the need for the expenses
  - Unexpected and necessary automobile expenses totaling** \$\_\_\_\_\_
    - **Documentation Required:** Copy of receipts in your name and date of service
  - Educational related expenses totaling** \$\_\_\_\_\_
    - **Documentation Required:** Copy of supporting documentation and letter of explanation
  - Significant health care expenses totaling** \$\_\_\_\_\_
    - Must be medically necessary. Co-pays, insurance premiums or deduction on the federal tax return are non-eligible items.

- **Documentation Required:**
  - Copy of medical insurance Explanation of Benefits including the insurance payment and out of pocket costs, or attach a statement from your doctor detailing treatment plan and out of pocket costs.
  - Complete the chart below by listing all medically necessary expenses, and attach supporting documentation(s) for each item(s) listed.

Name of Health Care Expense	Date of Health Care Expense	Amount of Health Care Expense	Amount Covered/ Paid by Insurance	Out of Pocket (Not covered by insurance)
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

### Timeline & Deadlines

The Office of Financial Aid and Scholarships will review your request within 2 weeks to determine if you have documented expenses that are reasonable and qualify according to federal regulations and University policy. Only expenses occurring within the academic year (July – June) are considered.

- Fall only students: November 22, 2022
- Academic year students (attending both fall and spring) or spring only students: April 18, 2023

### Certification and Signature

By signing this form, I certify that all the information reported on this form and all attachments is true, complete, and accurate.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return this form and any attachments to our office labeled with your name and CSULB ID Number:**

**By Mail:**

Office of Financial Aid and Scholarships  
1250 Bellflower Blvd.  
Long Beach, CA 90840-0106

**In Person:**

Visit our website to ["Join the Queue"](#)  
Beach Central – Intake Windows  
Brotman Hall; 1<sup>st</sup> Floor Courtyard