

Request Increase to Cost of Attendance

Student Name	NSHE ID #	Award Year
	enses. Extenuating circu	n your current estimated cost of attendance does imstances must exist to warrant an increase to this iscuss your special circumstances.
*Submission of this form does NOT	automatically qualify yo	u for additional scholarships or financial aid.
Check all that apply and provide deta	ailed documentation whe	n returning this completed form:
warranty and printer. *If the equipment purchased is la	ter damaged or stolen, an addi	er is \$2,500, which may include the cost of a
documentation detailing what oc	currea wiii be requirea for revie	;w.
•	omputer you have purcha ving total cost of the com	sed <u>OR</u> puter you are planning to purchase.
Room and Board (Dependen	t student that lives off-ca	ampus or Independently)
	of current living arrange tal agreement with stude	
Disability- related expenses		
Required documents: • Written explanation	and supporting documer	itation.
Dependent Care/Childcare Exp	enses	
· · · · · · · · · · · · · · · · · · ·	of relationship to dependicating monthly payment	dent and dependent care needs. amount.
Professional licensure, certifica	tion, or a first profession	al credential:
Required documents: • Written explanation	and supporting documer	itation.
This request, along with supporting documentation, must be received by our office during the applicable Award Year.		
Student Signature:		Date: