



COST OF ATTENDANCE ADJUSTMENT

The CMN-Financial Aid Office has established a cost of attendance for school and personal expenses based on average yearly costs. The Cost of Attendance (COA) is broken down into broad categories. Please select from one of the options below if you have expenses that we may not have included or are extraordinary and submit the requested information. Please refer to CMN's Cost of Attendance for established expense amounts. **Note: Grant monies are not set aside for these requests.**

STEP 1: Fill in the semester with the year you wish to request a COA adjustment.

FALL _____ SPRING _____ SUMMER _____

STEP 2: Attach a typed letter of explanation. You must provide a detailed, signed letter supporting your request.

STEP 3: Check why (s) you are requesting a COA adjustment and attach the required documentation for each situation. **Receipts must be dated within the time of enrollment in the current semester/academic year.** This will not be reviewed if the expenses occurred before the first day of the semester (except computer costs) in which you want the increase considered.

☐ **RENT/MORTGAGE EXPENSES**

Submit a copy of your monthly mortgage payment or rental lease agreement. Adjustments will be made only if the payment exceeds what is already allotted in the current cost of attendance budget.

☐ **CHILD CARE EXPENSES**

Submit a copy of the tuition agreement from your daycare provider. The statement from the daycare provider must include the name of the child(ren), age, cost per child, and dates verifying current enrollment.

☐ **COMPUTER PURCHASE**

Provide a copy of a paid receipt for your computer or laptop purchase.

Only one request can be processed during undergraduate studies at the College of Menominee Nation.

☐ **TRANSPORTATION**

Attach photocopies of paid receipts for bills incurred for costs for operating and maintaining a vehicle that is used to transport the student to and from school not covered by insurance (does not include the purchase of a vehicle)

Attach a supporting mileage map (MapQuest, Google Maps, etc.) to show mileage from your home to CMN. Please include daily round-trip mileage and the number of trips per week.

☐ **UNUSUAL MEDICAL/DENTAL/OPTICAL EXPENSES**

Attach photocopies of paid receipts for medical/dental/optical bills (not including co-pays).

☐ **OTHER EXPENSES** (Such as tuition and fees above 12 credits and additional school supplies)

Attach photocopies of paid receipts for supply bills or a copy of your class schedule for tuition and fee expenses.

STEP 5: CERTIFICATION STATEMENT

Your signature on this document confirms your acknowledgment of the following:

- ❖ The information submitted for review is true and correct to the best of your knowledge.
- ❖ Processing time for the request may take 4-6 weeks.
- ❖ Changes resulting from this review do not guarantee an increase in aid.
- ❖ The status of the request will be emailed to your CMN student email.
- ❖ All required documents must be submitted before the COA request can be completed.

Student Signature

Date

Student Name

Telephone

Office Use Only

Rev. 03/2024

Date: _____ Processed By: _____