



Office of Financial Aid

216 Lela Raney Wood Hall
Columbia, MO 65215
PHONE (573) 876-7106
FAX (573) 876-2320
EMAIL finaid@stephens.edu

Student Name (Last, First)

Student ID Number

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2026-2027 Cost of Attendance Increase Request Form

The Office of Financial Aid understands that a student may have educational expenses beyond those already accounted for in their standard Cost of Attendance (COA) for the academic year. For that reason, there are certain circumstances for which an increase to a student's COA is permissible to allow the opportunity for more financial aid. An increase to the COA may not result in a change to your financial aid depending on the type and amount of awards. In order for a student to be eligible, the costs for the circumstances below must have been incurred during the current aid year (July 1, 2026 – June 30, 2027).

Additional expenses may include, but are not limited to, the following reason(s) as outlined below. Mark all that apply to you and submit the appropriate documentation to support your request.

☐ **CAR REPAIR EXPENSE:** *Does not apply to the purchase/lease of a new car*

To request: Provide the Office of Financial Aid with paid car repair receipts which confirm that you (the student) paid the charges. If your receipt does not show payment, we can accept the receipt and a cancelled check/or credit card statement showing your payment.

☐ **COMPUTER PURCHASE**

To request: Provide the Office of Financial Aid with the receipt from computer purchase that confirms you (the student) paid the charges. If your receipt does not show payment, we can accept the receipt and a canceled check /or credit card statement showing your payment. Only one computer purchase increase is allowed per academic degree. The maximum increase is \$2,000.

☐ **CHILDCARE EXPENSE**

To request: Provide the Office of Financial Aid with the 2026-2027 Childcare Expense Worksheet filled out by you and your childcare provider.

☐ **MEDICAL/DENTAL/VISION EXPENSE:** *For expenses paid in 2026 not reimbursed by your insurance (the total amount of expenses must exceed 11% of your Income Protection Allowance (IPA)).*

To request: Provide the Office of Financial Aid with paid medical expense receipts from 2026. If your receipt does not show payment, we can accept the receipt and a cancelled check /or credit card statement showing your payment.

☐ **COMMUTER TRANSPORTATION EXPENSE:** *Student must live 30 miles or more away from campus, while attending classes on campus*

To request: Contact the Office of Financial Aid

☐ **ROTATION/CLINICAL EXPENSE:** *For students participating in required rotations for the MPA or MEd program*

To request: Contact the Office of Financial Aid

☐ **OTHER SPECIAL CIRCUMSTANCES:**

To request: Contact the Office of Financial Aid

I agree to allow the financial aid administrator to review my information to determine if my request can be accommodated. I further understand that I may be asked for additional information or that my request can be partially or completely denied. I understand that if this form is incomplete or lacks the required documentation, no action will be taken.

Student Signature

Date