



2024-2025 COST OF ATTENDANCE ADJUSTMENT

Student Name: _____

Student ID #: _____

The Cost Of Attendance (COA) serves as an estimation of the expenses related to enrolling at Fresno City College. If your educational costs exceed this amount and you wish to request an adjustment to your COA, you are welcome to submit this form for review. The Financial Aid Office offers limited opportunities for increases to the COA depending on individual circumstances.

Please note that submitting a Cost of Attendance Adjustment form does not guarantee that your COA will be modified. There is no COA adjustment process for the summer term. A change to your Cost of Attendance will not automatically qualify you for additional grant or scholarship funds.

INSTRUCTIONS:

1. Verify your Cost of Attendance by visiting:
<http://www.fresnocitycollege.edu/admissions-aid/financial-aid-office/cost-of-attendance.html>
2. Be sure to attach all required documents.
3. After completing steps 1 and 2 call the Financial Aid Office at (559) 442-8245 to make an appointment for a Cost of Attendance Adjustment.

REASON FOR REQUEST (please check the appropriate box)

- ☐ **Computer** - I purchased a computer/tablet/printer.

Required documentation: An invoice or receipt that indicates the cost of the computer/tablet/printer. *Maximum request \$1,500 per academic year.*

- ☐ **Transportation** - I have transportation expenses essential for completing my course of study.

Required documentation: For any significant car repairs (beyond routine maintenance and expected wear and tear), please attach dated paid receipt(s) confirming payment made by you.

For transportation costs related to your academic program, employment or other educational needs, please attach a [MapQuest](#) printout showing mileage from your home to Fresno City College.

- ☐ **Childcare Expenses** - This request for adjustment is applicable for one semester only and must be resubmitted each semester in which you have childcare expenses for your dependent children.

Required documentation: Please provide evidence of licensed childcare or dependent care costs along with proof of payment (such as billing statements and three months of cancelled checks).

CERTIFICATION AND SIGNATURE

The person signing below certifies that all of 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.** Signatures must be provided in blue or black ink. Digital and/or typed signatures will not be accepted.

Student Signature: _____

Date: _____

THE FOLLOWING IS FOR OFFICE USE ONLY

<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Adjusted Awards	Notes: _____ _____ _____ FAA Signature: _____ Date: _____
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