



2023-2024 Cost of Attendance Increase Petition

Your assigned cost of attendance may be found in Workday under My Student Finances → View Financial Aid → Estimated Costs. Complete this form if you are requesting an increase in your cost of attendance (COA).

A. STUDENT INFORMATION

Name: _____ Student ID Number: _____

B. PETITION REASON AND DOCUMENTATION – Please check all that apply.

ELIGIBLE CATEGORIES	REQUIRED DOCUMENTATION	EXPENSES
<input type="checkbox"/> On-campus Housing Charges	<ul style="list-style-type: none"> A copy of your CCA housing agreement; or A screenshot of housing charges 	<input type="checkbox"/> Fall 2023: \$ _____ <input type="checkbox"/> Spring 2024: \$ _____ Total Request: \$ _____
<input type="checkbox"/> CCA Health Insurance Fee	<ul style="list-style-type: none"> A screenshot of CCA health insurance charges 	<input type="checkbox"/> Fall 2023: \$ 1,618.00 <input type="checkbox"/> Spring 2024: \$ 2,248.00 Total Request: \$ _____
<input type="checkbox"/> Federal Student Loan Fees <input type="checkbox"/> Fall 2023 <input type="checkbox"/> Spring 2024	<ul style="list-style-type: none"> None 	<input type="checkbox"/> Subsidized/Unsubsidized: \$ _____ x 1.057% (Origination Fee) = \$ _____ <input type="checkbox"/> Parent or Graduate PLUS \$ _____ x 4.228% (Origination Fee) = \$ _____ Total Request: \$ _____
<input type="checkbox"/> Off-campus Living Expenses <input type="checkbox"/> Rent/Mortgage <input type="checkbox"/> Utilities <input type="checkbox"/> Other _____	<ul style="list-style-type: none"> A copy of current lease or mortgage agreement showing monthly payment; or A copy of utility bills; or Supporting documentation of expense 	Monthly Rent/Mortgage: \$ _____ Monthly Utilities: \$ _____ Monthly Other: \$ _____ Total Monthly: \$ _____ x 4 months (one semester) OR x 9 months (full year) Total Request: \$ _____
<input type="checkbox"/> Purchase of Computer/Technology	<ul style="list-style-type: none"> Receipt from purchase; or A screenshot showing item and cost 	\$ _____
<input type="checkbox"/> Transportation Expenses <input type="checkbox"/> Airfare/Mileage home <i>(*Up to Two Round Trips Home per Academic Year)</i> <input type="checkbox"/> Mileage to/from campus	<ul style="list-style-type: none"> Receipt from purchase; or A screenshot showing travel and cost; or Description of travel including mileage and trip frequency <i>(Ex: Oakland to CCA 24 miles round trip 3 times per week)</i> 	\$ _____
<input type="checkbox"/> Medical, Dental and/or Psychotherapy Expenses <i>(*Not Covered by Insurance)</i>	<ul style="list-style-type: none"> Receipt from payment; or Invoice from provider 	\$ _____
<input type="checkbox"/> Childcare Expenses	<ul style="list-style-type: none"> Receipt from purchase; or Invoice from provider 	\$ _____
<input type="checkbox"/> Other _____ <i>*Not all expenses incurred are eligible for financial aid assistance.</i>	<ul style="list-style-type: none"> Supporting documentation of other expense 	\$ _____
Total Cost of Attendance Petition Requested		\$ _____

Increases in your cost of attendance result in additional loan or work-study eligibility rather than additional scholarship support.

I request the following assistance from the total requested above (check which type of assistance and the amount requested in each up to the total requested above).

Parent/Graduate PLUS Loan \$ _____
 Private Alternative Loan \$ _____

CERTIFICATION & SIGNATURE

I certify that the information submitted with this petition to qualify for state, federal, and institutional financial assistance is true and complete to the best of my knowledge. I understand that submitting a petition does not guarantee approval for additional financial aid funds.

Student's signature

Date

Parent's signature (required for Parent PLUS Loan Increase) Date