



Office of Financial Aid

Office Use Only

2026-27 Cost of Attendance (COA) Adjustment Request

For assistance:

Office: UAB, Room 252 Phone: 817-272-3561 Fax: 817-272-3555

Mail: PO Box 19199, Arlington, TX 76019 Email: fao@uta.edu

DO NOT SUBMIT SENSITIVE PERSONAL INFORMATION VIA EMAIL

Use this form to request an adjustment to the standard cost of attendance located in your MyMav. **Only adjustments to standard costs accrued during the Summer 2026, Fall 2026, and/or Spring 2027 semesters will be considered.** Requests will be reviewed for eligibility and compliance, and all adjustments are subject to office policy, aid program, and funding restrictions. Additional aid is not guaranteed.

Include this form with a detailed letter and supporting documentation.

Student's Name:	UTA ID:
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Check the box related to cost adjustment request.	Check the box related to documentation provided with this form and your detailed letter.
<input type="checkbox"/> Books and Supplies, Computer Purchase	<input type="checkbox"/> Receipts for required books and supplies showing store and purchase date. Course syllabus or letter from instructor(s) confirming requirement. <input type="checkbox"/> Receipt of computer purchase showing type/model, store, purchase date, and the cost. If you don't have a receipt, an estimate with a clear description, store, and cost may be accepted. This adjustment can only be used once while attending UTA.
<input type="checkbox"/> Housing	<input type="checkbox"/> Rental/lease agreement, and student must be listed as tenant or owner of property. (Utilities are not eligible.)
<input type="checkbox"/> Transportation	<input type="checkbox"/> Receipts for emergency car repairs in the student's name and paid by the student. Standard maintenance, gas, car payments, and insurance costs are not eligible.
<input type="checkbox"/> Dependent Care	<input type="checkbox"/> Receipts and statement from dependent care provider. Must include provider name, contact information, and monthly costs. Also include dependent name(s), relationship to student, and months of care needed.
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Documentation of other educational expenses during current enrollment. Note: Health insurance cost is already included in your standard cost of attendance and cannot be requested.

Certification and Signature(s)	
Signatures must be hand-written and not typed or forged.	
I certify that the information reported on this form is complete and correct.	
Check box and sign: <input type="checkbox"/> I have attached a detailed letter and supporting documentation. I understand that submitting this form does not guarantee an adjustment or additional aid.	
Student's Signature (Required) _____	Date _____
WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.	