

**Special Circumstance:** COST OF ATTENDANCE ADJUSTMENT REQUEST

Student Name: Click here to enter text. ID: Click here to enter text. Date: Click here to enter text.

Preferred Contact Phone Number: Click here to enter text.

\* If you have any questions, call 614-234-1842 or e-mail financialaid@mccn.edu.

* Indicate (with an ‘x’) the reason for your increased cost of attendance

Click here to enter text. Dependent Care at a cost at: Click here to enter text.

Click here to enter text. Excessive Travel for: Click here to enter text. Costing: Click here to enter text.

Click here to enter text. Excessive Fees for: Click here to enter text. Costing: Click here to enter text.

Click here to enter text. Other (Please explain in the area below)

 Click here to enter text.

|  |  |
| --- | --- |
| Current Cost of Attendance: | Click here to enter text. |
|  |  |
| Increase to Cost of Attendance: |  Click here to enter text. |
|  |  |
| Total: |  Click here to enter text. |

Student Signature: Click here to enter text. Date: Click here to enter text.