



Aid Year: _____

Cost of Attendance Request for Professional Judgment
Office of Student Financial Aid | Florida Atlantic University

Submit this form online via owlfiles.fau.edu
Need Help? Visit fau.edu/finaid/contact

Student Name _____ Z _____ Student Z Number _____ FAU Email Address _____

Address _____ Telephone _____

Financial aid is awarded based on an estimate of each student's cost of attendance, including expenses such as tuition and fees, books, course materials, supplies, equipment, housing and food, transportation and other miscellaneous personal expenses which are incurred while enrolled. The Office of Student Financial Aid may use **professional judgment** on a case-by-case basis to adjust a student's cost of attendance if the student experiences **special circumstances** leading to higher costs. This adjustment may result in increased financial aid eligibility (typically PLUS or private loans).

Students may submit this form to request an increase to their estimated cost of attendance for the current academic year. Submission of this form does not guarantee an increase in a student's aid eligibility.

YOU MUST SUBMIT THIS FORM ALONG WITH THE FOLLOWING:

1. A detailed **Student Statement of Circumstances** explaining the reason for your request.
(You may use the area on Page 2 of this form.)
2. Any additional **third-party documentation** (detailed below) that supports your statement, if possible.

DESCRIPTION OF CIRCUMSTANCES: (Check One)	THIRD-PARTY DOCUMENTATION:
1. <input type="checkbox"/> I have incurred tuition and fee costs higher than those normally assessed.	<ul style="list-style-type: none">• Third party documentation is NOT needed.
2. <input type="checkbox"/> I have incurred book, course material, supplies, and equipment costs higher than those normally assessed.	<ul style="list-style-type: none">• Submit receipts or other documentation.
3. <input type="checkbox"/> I have incurred housing and food costs higher than those normally assessed.	<ul style="list-style-type: none">• If required to live in Innovation Village Apartments (IVA) North/South, submit memo from housing department confirming that either:<ol style="list-style-type: none">1. IVA was the only dorm available at the time of housing assignment, OR2. Student is required to live in IVA due to participation in a sport or other program.
4. <input type="checkbox"/> I have incurred other miscellaneous personal expenses higher than those normally assessed.	<ul style="list-style-type: none">• Submit receipts or other documentation.
5. <input type="checkbox"/> I have incurred expenses related to my disability .	<ul style="list-style-type: none">• Submit receipts or other documentation from expenses, such as special services, personal assistance, transportation, equipment, and supplies that are reasonably incurred and not provided by other agencies.

Student Name _____

FAU Z# _____

6. ☐ I have incurred **child care or dependent care** expenses for the current academic year.

- Your Statement of Circumstances should include:
 - the names and ages of children or other dependents for whom you pay for care
 - the total amount that you pay weekly or monthly for care only while you are in class, studying, completing field work, internships, or commuting (Do NOT include amounts paid for time while you are working.)
 - the beginning and end dates during the current academic year that care will be provided
- Submit receipts, statement from caregiver confirming amount paid, or other documentation.

NOTE: Your Financial Aid Counselor may request additional information/documentation regarding your circumstances.

STUDENT STATEMENT OF CIRCUMSTANCES:

You may use this space to explain your special circumstances and why you are requesting to increase your cost of attendance.

ALL PARTIES MUST READ THIS STATEMENT AND SIGN BELOW:

I hereby certify that all information contained in this request for professional judgment to adjust my estimated cost of attendance is true and complete. I understand that by submitting a professional judgment I am only requesting for an adjustment to be considered, that I am not guaranteed approval nor am I guaranteed to receive additional funding. I understand that the Office of Student Financial Aid's decision regarding adjustments is final and cannot be appealed to the Department of Education.

Student Signature _____ Date _____

Spouse Signature _____ Date _____

Parent 1 Signature _____ Date _____

Parent 1 Signature _____ Date _____