

Cost of Attendance Adjustment Request

STUDENT FINANCIAL SERVICES

204 S. College Avenue
College Place, WA 99324-1198
fax (509) 527-2556
sfs.wallawalla.edu

Student Name: _____ WWU Student ID: _____

To request an adjustment to your standard cost of attendance budget, please outline your actual monthly education related expenses below. **When applicable, submit supporting evidence of your expenses.**

Category	Monthly Expense	Quarterly Expense	Yearly Expense
Housing:			
Rent/Mortgage:	_____	_____	_____
Utilities:	_____	_____	_____
Food:	_____	_____	_____
Transportation:			
Fuel:	_____	_____	_____
Car Insurance:	_____	_____	_____
Personal Expenses:			
Books & Supplies:	_____	_____	_____
Dependent Care:	_____	_____	_____
Other:	_____	_____	_____

Other requested budget adjustments:

- I need to purchase a computer for educational purposes. Cost of computer \$ _____ (attach receipt or purchase order)
- I have flying costs for Aviation. (Attach completed Aviation Checklist from your instructor)
- I plan to attend summer school. Number of credits _____ Location of summer classes _____
- Other - Please explain: _____

Student Signature

Date

