LSUS | Financial Aid

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Shreveport, LA 71115-2399
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Cost of Attendance Adjustment for 2024-2025

Student Name _____ **SID** _____

Complete this form if you have special circumstances in which your current cost of attendance does not cover your basic educational expenses. Completed form with the applicable documentation and submitted to the Financial Aid Office. ***Submission of form will NOT automatically qualify you for additional financial aid***

Check all that apply and provide detailed documentation:

☐ **Computer Purchase**
- o The maximum adjustment for purchase of a computer is $2,500, which may include the cost of a warranty and printer and is allowed one-time over the course of your academic career**.**
- o If the equipment purchased is later damaged or stolen, an additional request may be submitted; however, supporting documentation detailing what occurred will be required for review.
  Submit:
  - The receipt of the computer you have purchased **OR**
  - Dated printout showing total cost of the computer you are planning to purchase.

☐ **Unexpected Medical/Dental Expenses for Student**
- o Elective medical procedures are not accepted.
  Submit:
  - Written explanation of medical expenses.
  - Copies of all applicable itemized bills.

☐ **Study Abroad Expenses**
- o Extenuating circumstances must exist to warrant an increase to this amount.
  Submit:
  - Documentation of enrollment in study abroad program
  - Documentation of cost of program

☐ **Dependent Care/Childcare Expenses/Tuition Expenses at an Elementary or Secondary School**
- o Extenuating circumstances must exist to warrant an increase to this amount.
  Submit:
  - Written explanation of relationship to dependent and dependent care needs.
  - Copy of contract indicating monthly payment amount.

☐ **Other: (e.g., disability of student or member of student's household)**

  Submit:
  - Written explanation and supporting documentation.

I certify that the information provided above is true and complete to the best of my knowledge. I agree to provide proof of the information that I have given on this form if asked by the Financial Aid Office. I also realize that if I do not provide proof when asked, I will not receive special circumstances consideration. I ALSO UNDERSTAND THAT ANY ADJUSTMENT MADE MAY OR MAY NOT RESULT IN ADDITIONAL FINANCIAL AID DEPENDING ON THE EFFECT OF THE CHANGE.

Student Signature: _____ **Date:** _____