



## Cost of Attendance Adjustment Form

Student Financial Aid Office

[financialaid@payne.edu](mailto:financialaid@payne.edu)

937.376.2946 x207

Name \_\_\_\_\_ Payne Email \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Email \_\_\_\_\_

### Please document expenses in excess of cost of attendance

Fall Semester                      Spring Semester                      Summer Semester

Per your written permission, this form will allow the Financial Aid Office to increase your cost of attendance with documented proof. A student's cost of attendance (i.e. budget) establishes the maximum amount of financial aid a student may receive during an award year. Student loans are capped at \$20,500 annually and at an aggregate total of \$138,500 for you undergraduate and graduate studies. **With this request, you are incurring additional loan debt.**

Adjustments can be processed for the following reasons. Please check the one that applies to you:

#### Additional Credit Load

Total # of credits \_\_\_\_\_

Full-time (course load greater than 9 credits per semester)

Part-time (course load between 7-8 credits per semester)

#### Intensive Travel per Class

(up to \$1,200 per class)

\_\_\_\_\_ # of Intensives

Requested Loan Increase \$ \_\_\_\_\_

**One Time Computer Adjustment** – A student can request the amount of a computer once during his/her academic career at Payne Theological Seminary (PTS). The cost is limited to \$1,500 and a requisition, proof of purchase, or itemized estimate of the cost of the proposed purchase must be submitted with this form. Accessories or peripheral items may be included, such as a printer, software, routers, etc.

**Childcare Costs** – This allows an increase to a student's cost of attendance by the amount spent on child care each month while attending PTS. Please submit this form with a dated, written verification form from your childcare provider, on letterhead or official stationery, showing monthly or estimated yearly charges. This should be minus any daycare assistance you may be receiving. This adjustment is limited to \$2,500.00 per semester.

Child's Name	Age	Out of Pocket Childcare Costs per Month/Year	Amount of Daycare Assistance Received per Month

#### Other

Attach a separate page if more space needed.

**I certify that the information I have reported is accurate. I understand that purposely providing false or misleading information may result in suspension of financial aid.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Payne Administrator Signature

\_\_\_\_\_  
Date