



Student Financial Aid Office

1230 Wilberforce-Clifton Rd., P.O. Box 474
 Wilberforce, OH 45384
 937-376-2946 x 207
pcopely@payne.edu

Cost of Attendance Adjustment Form

Fax: 937.374.4962
 Email: pcopely@payne.edu
businessoffice@payne.edu

Name (printed)

Payne E-mail Address

Phone

Alternate E-mail Address

Please document expenses in excess of the 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 your 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**
 – Full-time (course load greater than 9 credits per semester)
 – Part-time (course load between 7-8 credits per semester)
- Intensive Travel per Class**
 _____ # of Intensives
 Requested Loan Increase \$ _____
 (up to \$1200 per class)

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 stationary, showing monthly or estimated yearly charges. This should be minus any daycare assistance you are 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 you need more space.

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

Student's Signature

Date

Finance Director's Signature

Date