## **COA Increase Request 2025-2026**



Submit to: Financial Aid & Scholarship Office Swen Parson Hall 245 DeKalb, IL 60115

This form is used to document additional educationally related expenses. Check the item(s) that apply and submit the required documentation if indicated.

Note: This re-evaluation could result in increases to your financial aid cost of attendance/budget. Changes in your cost of attendance do not change your eligibility for state of federal grants. Generally, a change in cost of attendance will only change loan eligibility if you haven't exhausted yearly and/or lifetime limits.

NIU Student Information: For scanning purposes, use black or blue ink to complete this form.			
Student Name		Z-ID	
Last	First	MI	
For Dependent and Independ	ent Students:		
<ul><li>\$923 for law students.</li><li>Provide an itemized list of</li></ul>	supplies more than: \$600 for u f the cost of required books and of the cost of these items must	supplies. The instructor	for each course must sign
<ul> <li>You have purchased a computer up to \$1,500.</li> <li>Provide an itemized paid receipt of the computer (may include warranty and printer). This is an increase that can occur once during your undergraduate career and once during your graduate career. (The purchase must have occurred during the semester or immediately preceding it.)</li> </ul>			
<ul> <li>You are a dependent student and live on campus in the residence halls or off campus and commute more the 2,096 miles per semester for course-related travel.</li> <li>You are an independent student or live with your parents and commute more than 3,040 miles per semester for course-related travel.</li> <li>Provide documentation of your driving distance from home to campus, and number of trips per week required by your educationally related travel. This includes necessary trips to other related sites (e.g. student teaching, internship for academic credit, etc). For related sites, provide detailed documentation from an advisor, dean, or supervisory instructor on the location and days, times, and dates of travel.</li> </ul>			
You are enrolled in 9+ DeKalb campus credit hours and are participating in and charged for the NIU Student Health Insurance. Your signature confirms you do not intend to waive the NIU Insurance.			
For Independent Students Or	nly:		
	re expenses as a result of your clent from your childcare provide tet.		
Loan Adjustment:			
□ By checking this box I authori	ize NIU to increase my federal s	student loan based on the	adjustment to the COA.
Certification/Signature: (Please this form is true, complete and acc		My signature certifies t	hat all the information on
Student Signature:		Date:	
FA COA Increase Form 9/25			