Your Cost of Attendance (COA) can only reflect the cost for you, the student, to attend UNCG and is not intended to reflect all of your non-educational living expenses.

Please be aware that the information you provide may result in an increase, decrease or no adjustment to your COA.

Please note that a COA adjustment is based in part on your dependency status, and that not all of the information you provide below may be applicable in calculating a revised COA.

All sections must be completed and all requested documentation MUST BE PROVIDED.

1. Childcare Cost Increase
Total cost of childcare per semester $_________ Age of child/children_________
   - Provide copy of daycare contract/agreement (additional documentation may be required)
   - Documentation from provider indicating if student does or does not receive assistance with cost of daycare. If assistance is received, documentation must indicate amount received.

2. Computer Expenses
These expenses may or may not increase your award, depending on your financial aid eligibility. This adjustment is limited to a one-time addition to your Cost of Attendance, up to a maximum increase of $1,345.00.

Total cost of computer including monitor, hard drive, and printer $______________.
   Provide copy of itemized receipt that identifies the student as the purchaser of the computer. Some receipts may not identify the name of the purchaser.
   Therefore, you must provide additional documentation that verifies the student purchased the computer.

3. UNCG Direct Expenses
   - Residency Status ☐ Resident ☐ Non-Resident
   - Number of credit hour Fall ________ Spring ________
   - Actual/projected cost of books and supplies (if using actual amounts, provide copies of receipts):
     Fall $__________ Spring $__________

4. Housing Status
   ☐ With Parent/Relative
   ☐ On-campus
   Name of residence hall: __________________________________________
   ☐ Off-campus
   Total rent per month $__________ Provide copy of signed lease agreement
   Total utilities per month $__________ Provide copies of three months of utility bills

5. Food Expenses
   ☐ On-campus Meal Plan
   ☐ Off-campus
   Total cost of groceries per month $__________ Provide copies of three months of grocery receipts
6. **Personal and Miscellaneous Expenses**

   Total entertainment costs per month $ __________
   Total toiletries costs per month $ __________
   Total laundry costs per month $ __________
   Other (explain): __________________________________________________________
   Total cost per month $ __________
   Total cost per month $ __________
   Total $ __________

7. **Transportation Expenses**

   On-campus resident
   - Total cost of round-trip travel between your UNCG residence and your permanent residence $ __________
   - Total number of miles one-way to your permanent address __________
   - Permanent residence: City __________________________ State __________ Zip code __________

   Off-campus resident with local permanent residence
   - Total round-trip mileage between UNCG and your local permanent residence __________
   - Address __________________________________________________________
   - Street __________ City __________________________ State __________ Zip Code __________

   Off-campus resident with non-local permanent residence
   - Total cost of round trip travel between your local address and your permanent address $ __________
   - Total number of miles one-way from your local address to your permanent address __________
   - Permanent residence: City __________________________ State __________ Zip code __________

8. **UNCG Student Health Insurance**

   This adjustment is limited to a one-time addition per academic year to your Cost of Attendance. Your UNCG student account must reflect a charge for this student health insurance. Please be aware that if the insurance charge is waived, your COA and financial aid award will be adjusted accordingly.

   I will be charged for the student health insurance for:
   - □ Fall Only
   - □ Spring Only
   - □ Fall and Spring

9. **Additional Tuition Charges**

   Additional tuition charges may apply for designated applicable programs. For more information, see the UNCG Bulletin.
   - □ Program Fees: Fall Hours: ____________ Spring Hours: ____________
   - □ Graduate Tuition Differential: Fall Hours: ____________ Spring Hours: ____________
   - □ EdTPA Fee: (one time only request)
   - Program: __________________________________________________________

**SIGNATURE BOX**

This is a true and accurate reflection of my cost for attendance at UNCG. I understand that I may be requested to provide additional information and documentation as necessary.

Under penalty of perjury my signature below affirms that the information provided above is true and accurate to the best of my knowledge.

Signature __________________________________________________________
Date ______________________________