

2024-2025 **CostofAttendance Adjustment Form**

		Wildcat Identification Number Student's Phone Number elated costs incurred while attending Kansas State
		elated costs incurred while attending Kansas State
student's cost of our cost of attend	and miscellaneous. I f attendance. Adjus lance does not guara	tion and fees, housing and food, books, course f a student experiences a change in their expenses, tments could consist of adding new costs or increasing antee additional federal financial aid eligibility.
Fall only	Spring only	Summer only
nt reason, I indica Veterinary Med ill be increased by	ate that I have purch dicine Undergra y a standard amoun	ased or rented a computer.
	student's cost of ur cost of attendent ce adjustment fo Fall only d submit the contract nt reason, I indicate Veterinary Medill be increased be . If a specific contract	student's cost of attendance. Adjustur cost of attendance does not guarate adjustment for (check one): Fall only Spring only d submit the corresponding does nt reason, I indicate that I have purch Veterinary Medicine Undergra ill be increased by a standard amount

- Typically the field trip is a short, faculty led domestic trip approximately one week in length.
- Submit documentation from your college, department, or instructor that details the cost of the field trip.

Dependent care expenses

- Submit documentation from your child/adult dependent care provider which details the monthly expense (e.g. contract, monthly statements, etc.).
- Child/adult dependent care expenses may be included if the student is incurring the expense while attending class, study sessions, field work, research, internship, commuting time, as well as other educational endeavors.
- List below the dependents included in family size for whom you will be paying dependent care expenses.

Name of Child/Adult Dependent	Age	Included in Family on FAFSA (Y/N)	Date Care Begins
(Example) Betty Wildcat	89	Υ	08/15/2024

Student's	Wildcat	Identification	Number
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Disablity related expenses

- Submit documentation for costs associated with the disablity if the expenses are not already covered by another organization.
- Disablity related expenses include: special services, personal assistance, transportation, equipment and supplies.

Expense	Amount	Covered By?

The following items may be increased if your actual expense is greater than the amount already budgeted. Review your estimated Cost of Attendance by navigating in KSIS to: Student Center > View Financial Aid > 2025> My Financial Aid Details

My Tuition and Fees exceed the amount already included in my cost of attendance.

- Excess tuition and fees only applies to students who are enrolled above the base enrollments listed below:
 - Undergraduate 15 Credit Hours
 - Graduate 6 Credit Hours
 - Veterinary Medicine 21 Credit Hours

My Books, Course Materials, Supplies and Equipment exceed the amount already included in my cost of attendance.

• Submit copies of your receipts indicating the amount spent on books and/or supplies

My Housing and Food exceeds the amount already included in my cost of attendance.

- Submit a copy of your lease agreement indicating your portion of the rent.
- Submit a written statement detailing your monthly food/grocery expenses.
- Submit copies of the past three (3) month's utility statements (ie. water, trash, electricity, gas, internet, cable, phone, etc.) indicating your portion.

Note: Adjustments made for this category must reflect a reasonable expense; not all adjustments will be accepted due to the lifestyle choice of the student.

My Transportation expenses exceed the amount already included in my cost of attendance.

- Submit documentation for any recent maintenance or operating expense you may have incurred
- Submit documentation of airfare expense to travel home during holiday breaks
- Your cost of attendance may be increased if your daily commute to campus exceeds 60 miles. Please provide the following:

Student's Street Address			Number of Commute days/week
City	State	Zip	Daily Miles Roundtrip

Certification Statement

The information contained in this request and any supporting documents is true and complete to the best of my knowledge. I understand that submission of this form does not guarantee a change in my financial aid eligibility.

Signature of Student (required)	Date