



## 2025-2026 Request for Special Circumstances

Student's Name: \_\_\_\_\_ Last 5 Digits of SSN# \_\_\_\_\_  
Address: \_\_\_\_\_ NSU Student ID # \_\_\_\_\_  
\_\_\_\_\_ Phone # \_\_\_\_\_

### **Adjustments to Cost of Attendance**

Federal regulations require that each institution set a cost of attendance budget for every student receiving financial aid. This COA budget includes tuition and fees, room and board, allowances for books, supplies, transportation, loan fees, and miscellaneous expenses. Allowances can be made, with appropriate documentation, for purchase or rental of personal computer, dependent-care expenses and eligible study-abroad programs, and other educational expenses.

\_\_\_\_\_ If you are requesting an increase due to purchase or rental of a personal computer you must provide a copy of a quote or invoice from the purchase or rental. The computer must be purchased or rented within the academic year that you are requesting the increase.

\_\_\_\_\_ If you are requesting an increase due to dependent care costs you must submit a letter from your day care provider stating the child's name and amount paid per week for this academic year.

\_\_\_\_\_ If you are requesting an increase due to costs for a study-abroad program you must provide a letter from the instructor in charge of the program verifying your enrollment in the program and the total cost.

\_\_\_\_\_ If you are requesting an increase due to any other educational costs you must provide documentation from the instructor stating the need and total cost. In the case of purchasing and educational item you must provide a copy of the invoice or receipt.

\_\_\_\_\_ Private school tuition. You have paid for private school tuition in the 2024 calendar year for dependents in your family. Provide a letter from the school stating the amount you have paid for tuition in 2024 and the names of the student(s) for whom it was paid.

\_\_\_\_\_ Cost of professional licensure, certification, or a first professional credential. Please provide registration receipts to show the actual cost of the exam and cost of licensure and/or certification.

**Certification:** I certify that the information provided above is true and complete to the best of my knowledge. I agree to provide proof of the information that I have given on this form if asked by the Office of Student Financial Aid. I also realize that if I do not provide proof when asked, the student will not receive special circumstances consideration.

**I ALSO UNDERSTAND THAT ANY ADJUSTMENT MADE MAY OR MAY NOT RESULT IN ADDITIONAL FINANCIAL AID DEPENDING ON THE EFFECT OF THE CHANGE.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**Handwritten Signature Required**