COAPLC



2023-2024 Cost of Attendance Adjustment Request (Professional License/Certificate)

Student First Name:		_ Student Last Name: _		_ ID:
DOB://	Primary Phone #: ()	Secondary Phone #: (
This is a one-time reque	est for an adjustment to yo	ur cost of attendance	based on expenses for obta	ining the first profession
Required documentation	on:			
tate or required to prac		ir profession and rece	purchase of the license or c lipts of expenses for the pur	
Cost of Professional Lice	ense/Certificate:			
(If required documents	are not included, the reque	st will be denied)		
	nt's cost of attendance doe he maximum for your classi		ial Aid eligibility or Student L /year.	oan eligibility if you have
already been awarded t	he maximum for your classi	ification per semester	• ,	
nlready been awarded to Please indicate financia	he maximum for your classi	ification per semester	/year.	
Please indicate financia (Student' Submitting documen Email to: finaid@ By mail to: UTRG	he maximum for your classion of the maximum for your classion of the last of t	ification per semester nd to get increased/a (Date) ocuments in several w	/year. djusted	

Date:_____

Processed by:_____