

## SPECIAL CIRCUMSTANCE 2025-2026 Student Cost of Attendance Adjustment

Student Name:	Student ID:	Contact Number:
each semester. Select from one of the ca	ategories below if you have expenses that we requests and most COA adjustments only	nally by ETBU and based on the average cost a student will incur may not have included or are of extraordinary nature. <b>Note:</b> y result in increased loan eligibility. Submission of this form
STEP 1: Letter of explanation o Y letter supporting your	ou must provide a detailed, typed, and si request.	gned
· · ·		ch the required documentation for each situation. Receipts spenses occurred before the first day of the semester will
EDUCATIONAL EXPEN This request will not be paid receipts for supple	e reviewed until after census date of the y expenses.	onal school supplies not already accounted for in COA) o term in which you are enrolled. Attach photocopies of
CHILD CARE EXPENSE  Submit a copy of the		provider. The statement from the daycare provider must
include the name	of each child, their age, cost per child, an	nd dates verifying current enrollment.
	E (Increase cannot exceed \$2,100) Provide one request per collegiate career.	de a copy of a paid receipt for your computer or
TRANSI	ORTATION (Repairs or round-trip mile	eage exceeding 150 miles/week) o This request will not
	auto repairs not covered by insurance (no	you are enrolled. O Attach photocopies of paid receipts for ot including insurance premiums, regular maintenance or
Student Signature:		Date:

Return this form and any attachments to:
Office of Financial Aid – East Texas Baptist University
One Tiger Drive, Marshall,
TX 75670 | Phone: 903-923-2138

Email: financialaid@etbu.edu | Fax: 903-934-8120