



Request to Increase Cost of Attendance

The NNMC Financial Aid Office recognizes that situations may arise in which a student’s total expenses for the academic year exceed the standard Cost Of Attendance (COA). We are sensitive to the current financial challenges; however, we can only consider direct costs associated with supporting the student’s education and will not be able to make allowances for items already accounted for in a student’s cost of attendance budget. This appeal form allows the NNMC Financial Aid Office to examine selected education related expenses.

Applicants can only submit a Cost Of Attendance appeal form once per academic year.

Applicants will be notified of the decision through student email or the student MyNNMC portal.

Incomplete appeals will not be reviewed

Section A: to be completed by the Student Financial Aid Personnel

SFA _____ Date form given to student _____

Name of student _____ Student ID# _____

SFA Signature _____

Section B: to be completed by the Student.

***Students must have a current FAFSA on file and be aware of the amounts of their Financial Aid Awards before submitting an appeal.**

Name _____ Student ID# _____

NNMC Student E-mail _____ Phone # _____

Required Documentation:

1. Letter of appeal – Please prepare a written statement requesting a Cost Of Attendance review for the 2024–25 FAFSA year. Your letter must include:
 - a. Why you are requesting a Cost Of Attendance review;
 - b. Reason(s) you are unable to meet your current expenses and financial obligations.
2. Itemized Expenses

Expense Item(s)	Monthly Amount	Yearly Amount	Required Documentation
Rent/Mortgage			Copy of Signed Lease/Mortgage
Transportation			Receipt/Statement/Other
Dependent Care			Receipt/Statement/Other
Other			Receipt/Statement/Other
Other			Receipt/Statement/Other
Other			Receipt/Statement/Other

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*Please note that if you are appealing for expenses not yet paid, you must provide an itemized statement from the establishment rendering services in order for an estimate to be considered.

All of the above information is true to the best of my knowledge. I understand that not all appeals are granted and that incomplete appeals will not be reviewed.

Student Signature

Date

DO NOT WRITE BELOW THIS LINE

Section C: to be completed by the Financial Aid Officer

Approved Yes No

All items Increases/Additions are for the Aid Year and not per semester

Budget Item	Increase by Amount	Add Amount	New Budget Amount

Comments
