

**Request to Increase Cost of Attendance for Summer**

Summer financial aid is based on the average cost for all students attending summer. Your actual tuition cost may be different from the figures being used. The Office of Financial Aid and Registrar will consider a request to adjust your cost of attendance allowance if you can demonstrate that you have a significantly higher tuition amount than the figures being used. To initiate this process, please complete and return this form to the Student Assistance Center, 23 Solon Campus Center.

Warning: Because an exception to the normal regulation is being considered in your situation, failure to enroll, failure to attend all classes, cancellation of classes, or withdrawal prior to the census date (June 19, 2009) may require that funds already disbursed be repaid, or your eligibility adjusted.

**Complete this form in Adobe Reader software, not a Web browser, to ensure the privacy of your information. Place the cursor in a field and type. Print a copy to add the required signature(s) in blue or black ink.**

**Return this form on campus to:**  
 Student Assistance Center  
 23 Solon Campus Center

**or mail to:**  
 Office of Financial Aid and Registrar  
 University of Minnesota Duluth  
 1049 University Drive  
 Duluth MN 55812-3011

**or fax to:** 218-726-8219

**E-mail:** umdhelp@d.umn.edu  
**Phone:** 218-726-8000

Student information		
Last name—type or print neatly in ink	First	Middle
Student ID number	U of M e-mail _____@d.umn.edu	
<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Professional		

To be completed by the student			
Course name	Designator and course number	# credits	Session
			<input type="checkbox"/> May <input type="checkbox"/> Summer
			<input type="checkbox"/> May <input type="checkbox"/> Summer
			<input type="checkbox"/> May <input type="checkbox"/> Summer
			<input type="checkbox"/> May <input type="checkbox"/> Summer
			<input type="checkbox"/> May <input type="checkbox"/> Summer
			<input type="checkbox"/> May <input type="checkbox"/> Summer

<b>Certification</b> —I understand that an exception to normal policy is being made in my case, and failure to follow through with the above plan may require me to repay financial aid funds already disbursed to my account, or require that my eligibility for funds be recalculated based on my actual enrollment.	
Student signature	Date

Office use only	Term		Program		Comments
FA Term	L	H	T	F	
COA adjusted	L	H	T	F	
Award adjusted	L	H	T	F	
Communicate with student					



To request copies of this form in an alternative format: 218-726-8000.  
 UMD is an equal opportunity employer and educator.

[http://www.d.umn.edu/fareg/forms/requesttoincreasecoaforsummer\\_2009.pdf](http://www.d.umn.edu/fareg/forms/requesttoincreasecoaforsummer_2009.pdf)