2017-2018 COST OF ATTENDANCE INCREASE FORM

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Filing Deadline: February 3, 2018

MICHIGAN STATE UNIVERSITY COLLEGE OF LAW
OFFICE OF FINANCIAL AID
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517/432-6810   FAX: 517/432-0098   E-MAIL: FINAID@LAW.MSU.EDU

STUDENT NAME (last, first, middle initial)
STUDENT PID A

COST OF ATTENDANCE INCREASE REQUESTS WILL BE CONSIDERED FOR THE 2016-2017 ACADEMIC PERIOD ONLY. COMPLETE ONLY THE ITEMS THAT PERTAIN TO YOU.

REASON FOR INCREASE REQUEST	AMOUNT REQUESTED	DOCUMENTATION REQUIRED
CHILD CARE/ELDER CARE (COSTS RELATED TO MSU ATTENDANCE) AGES OF CHILDREN ____ ____ ____ WILL YOU RECEIVE REIMBURSEMENT FROM A SOCIAL SERVICES AGENCY OR OTHER SOURCE? YES_____ NO_____ IF YES, LIST AMOUNT $____	$	1. WRITTEN STATEMENT EXPLAINING THE NECESSITY FOR COSTS TO BE INCURRED AND THE NUMBER OF HOURS NEEDED PER WEEK. 2. DOCUMENTATION FROM THE CARE PROVIDER OF COSTS TO BE INCURRED. IF LETTER FROM CARE PROVIDER IS NOT ON BUSINESS LETTERHEAD, LETTER MUST BE NOTARIZED. 3. IF YOU ARE MARRIED, YOUR SPOUSE IS EXPECTED TO CONTRIBUTE ONE HALF OF THE COSTS. IF YOUR SPOUSE CANNOT CONTRIBUTE ONE HALF OF COSTS, PROVIDE A STATEMENT EXPLAINING WHY. LIST THE NUMBER OF HOURS YOUR SPOUSE WORKS PER WEEK, AND THE RATE OF PAY.
DEPENDENT LIVING COSTS (APPLIES ONLY TO INDEPENDENT STUDENTS WITH DEPENDENT CHILDREN)	$	WRITTEN STATEMENT INDICATING THAT YOUR CURRENT RESOURCES ARE NOT ADEQUATE TO SUPPORT YOUR DEPENDENT CHILDREN.
MEDICAL EXPENSES FOR CURRENT ACADEMIC PERIOD (STUDENTS ONLY)	$	COPIES OF BILLS AND/OR INSURANCE PREMIUMS SHOWING COSTS INCURRED **FOR YOU, THE STUDENT,** <u>DURING THE ACADEMIC PERIOD</u>. THESE MUST BE COSTS THAT ARE **PAID BY YOU** AND ARE **NOT** COVERED BY INSURANCE OR PAID BY ANY OTHER PERSON/SOURCE.

STUDENT'S SIGNATURE:	DATE:
STUDENT'S LOCAL PHONE NUMBER:	

THIS REQUEST WILL BE PROCESSED ONLY IF it is complete and received by the
MSU College of Law Office of Financial Aid no later than February 3, 2018.

RETURN THIS FORM ALONG WITH REQUIRED DOCUMENTATION.

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