Barnes-Jewish College Goldfarb School of Nursing BJC HealthCare

2026-2027 Cost of Attendance Adjustment Request

Last Name:	First Na	me:	ID #:A
student attending a college or u living expenses, transportation	niversity. The COA is costs, books, supplies tion you may use this	mprised of both direct and indire inclusive of direct: tuition and fee, food, and personal expenses. If form to request a review, at the ease to your COA.	es, and indirect expenses: you believe your COA does
Please note that federal law doc 1. Credit card/consumer of 2. Entertainment or othe	debt	•	
3. Home or automobile p4. Living expenses not dir5. Living expenses or edu	ectly related to educa	ation dent's spouse or children (excep	t for dependent care)
	Mor	nthly Budget	
Sources of Income	Monthly Income	Estimated Expenses	Monthly Expenses
Wages		Rent/Mortgage	
Child support received		Utilities/Phone/Internet	
Food stamps (SNAP)/ WIC/ free reduced lunch		Food	
Social Security Benefits		Transportation	
Welfare Benefit		Personal	
Housing Subsidy (Section 8)		Child Care	
Family/Friend Support		Medical/Dental	
Other (specify):		Other (specify):	
Total Monthly Income		Total Monthly Expenses	
	· ·	nore accurately describe why you Please do not adjust or alter this	- · · · · · · · · · · · · · · · · · · ·
The information provided is accura equate to additional funds being av	te to my knowledge, and	nt Certification d I understand an increase in my COA	A is not guaranteed and does not
Student's Hand Signature			 Date