



OREGON COLLEGE *of* ORIENTAL MEDICINE

ocom.edu | 75 NW Couch Street, Portland, OR 97209 | Office of Financial Aid: 503-253-3443 x108

Cost of Attendance Increase Request 2023-2024

The student **Cost of Attendance (COA)** is developed in accordance with federal guidelines to allow for standard education-related expenses incurred by most students. The college understands that some students may have expenses that are higher than the standard COA. This Cost of Attendance Increase Request does not guarantee an increase to the standard student COA.

You are encouraged to speak with the Office of Financial Aid prior to incurring the expense.

By completing and signing this form, you understand that:

- You must attach required documentation related to this request.
- You must submit a completed and signed loan increase request form with this request.
- This form will be reviewed by the Office of Financial Aid on a case-by-case basis.
- You will be notified via email of the approval or denial of this request and that you may be contacted to provide any additional information related to this Cost of Attendance Increase Request.

Reason for Increase	Amount Requested	Documentation
Computer	\$	You may claim a one-time computer cost for your entire program, up to \$1,800. You must provide an itemized receipt or invoice.
Child Care	\$	You must provide a receipt or invoice from service provider with names, ages, and grades for all children up to age 12 needing care. Only child care expenses related to school attendance can be considered.
Medical	\$	You may claim up to \$10,000 per year of medical necessity. A letter of medical necessity is required for all medical or dental expense requests. Attach copies of receipts documenting out-of-pocket expenses for procedures that are deemed medically necessary by a medical provider.
Car Repair	\$	You may claim up to \$2,000 per year for extraordinary repairs. <i>Regular vehicle maintenance (e.g., oil changes or tires) and vehicle insurance is not covered.</i>
Other Requests	\$	Provide receipts, statements, contracts, etc., verifying the purpose. Specify the request on the back of this form.

For your request to be considered, you must clearly explain your request and attach all required documentation. *Use the back of this page for your explanation.

Guidelines for a Provider's Letter of Medical Necessity

1) The letter must be from your primary care provider and must include the medical condition/diagnosis. *Redaction of keywords/terms for privacy concerns is allowed. **2)** The letter must include a treatment plan, outlining duration and frequency of care, as well as other recommendations (such as prescriptions, herbal formulas, other therapies). **3)** Letters must be on letterhead and signed by the provider.

Continued

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Explanation:

My signature (below) **confirms that:** 1) all information reported is complete and accurate at this time, and 2) I have attached all required documentation related to this request.

Student's Name (Please print) _____

Student Signature _____ Date _____

<i>Office use only</i>	Adjustment made: \$ _____	Date _____
Comments _____	Approved by _____	