



Scholarships and  
Financial Aid

**Office of Scholarships & Financial Aid**

Knight Hall, Room 174

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[OSFA's Secure File Upload website](#) • [UW's website](#)

## 2025-2026 Study Abroad Cost of Attendance Adjustment Request

Each academic year, students are assigned an estimated Cost of Attendance (COA) covering tuition/fees, housing/food, books/supplies, transportation, and personal expenses. Study abroad students often have additional costs beyond their standard COA. To request a COA adjustment, complete this form and attach **official documentation** from your Study Abroad Program detailing estimated costs. Your request will not be reviewed until all required information is submitted to the Office of Scholarships & Financial Aid. This form is for financial aid recipients accepted into a **UWYO-affiliated and approved Study Abroad Program** through UWYO's Education Abroad office.

**Please Note:** An increase in your COA may not result in additional financial aid but may allow for additional loan eligibility (e.g., Federal Direct Loan, Parent PLUS Loan, Graduate PLUS Loan, or Alternative/Private Loan). Be sure you meet all program funding deadlines as processing times may vary.

### Section 1: Student Information

<b>Student Name:</b>		<b>W#:</b>	
<b>Email Address:</b>		<b>Phone:</b>	

### Section 2: Program Information

**Program Name/Location:** \_\_\_\_\_

**Program Contact:** \_\_\_\_\_

**Program Start Date** (mm/dd/yy): \_\_\_\_\_

**Indicate the Semester(s) of Attendance:** ☐ Fall 2025 ☐ Spring 2026 ☐ Summer 2026

I will incur additional expenses while participating in an UWYO affiliated and approved Study Abroad Program and I am requesting a cost adjustment for the following. Check all that apply and attach receipts.

Expense	Amount	Receipt(s) and/or documentation attached?
Program Cost (tuition and fees)	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transportation (round trip airfare, local transportation, etc.)	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Housing/Lodging	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food/Meals	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Passport/Visa	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Insurance	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Books/Supplies	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

**2025-2026 Study Abroad Cost of Attendance Adjustment Request**

<b>Student Name:</b>		<b>W#:</b>	
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**Section 3: Signature and Certification**

Each person signing below certifies that all information reported is complete and accurate. The student, and their FAFSA contributor(s) (if applicable) whose information was reported on the FAFSA, must sign and date. Typed signatures are not accepted.

**Warning:** *If you purposefully give false or misleading information on this form, you may be fined, sent to prison, or both.*

<b>Student Signature</b>	<b>Date</b> (mm/dd/yy)
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Please return completed form via Secure File Upload: [www.uwyo.edu/sfa/forms/upload.html](http://www.uwyo.edu/sfa/forms/upload.html)