

2025-26 Petition for Special Circumstances -
Cost of Attendance Adjustments

Student Name: _____ UH ID: _____

Phone Number: _____ Date of Birth: _____

If your costs are in excess of the institution's Cost of Attendance (COA), which include tuition, fees, books & supplies, food & housing, personal expenses, and transportation costs, then you can request to increase your COA. Cost of Attendance requests cannot be approved after the applicable semester has ended. We recommend submitting your request no later than 30 days before the end of the semester to ensure there is enough time for review.

Step 1 - Check who the additional costs in this petition applies to:☐

Myself / My Spouse

☐

My Parent(s)-A parent signature is required on this form if the cost(s) relates to them.

Step 2 - Attach a statement explaining your request. Make sure to include the dates these costs were incurred.**Step 3** - Check the reason for your request below. Submit documentation to support your request. Examples of supporting documentation is provided for each type of additional cost.

	What is your increase of costs request for:	Examples of documentation to attach to this request
<input type="checkbox"/>	Computer purchase – <i>Allowable only one time</i>	Receipt
<input type="checkbox"/>	Child care expenses	Receipt or child care contract
<input type="checkbox"/>	Supplies required by program or supplies cost that exceed COA allowance for books & supplies ¹	Receipt or documentation from the department that includes the required supplies and costs
<input type="checkbox"/>	Unusually high or additional medical/dental/disability expenses	Receipts, bills, or statements showing costs not paid by insurance
<input type="checkbox"/>	Transportation/Travel	Receipts or documentation for estimates of education- related travel
<input type="checkbox"/>	Housing	Receipts or documentation for housing expenses
<input type="checkbox"/>	Other cost(s)	Any documents that support your costs

¹Cost of Attendance (COA) breakdown can be found on your campus' Financial Aid website

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

RETURN THIS FORM ALONG WITH ANY OTHER REQUIRED DOCUMENTATION TO THE COMMUNITY COLLEGE CAMPUS THAT YOU WILL BE ATTENDING:**Community College**

Hawaii Community College
Honolulu Community College
Kapi'olani Community College
Kaua'i Community College
Leeward Community College
University of Hawai'i Maui College
Windward Community College

Address

1175 Manono Street * Hilo, HI 96720
874 Dillingham Boulevard * Honolulu, HI 96817
4303 Diamond Head Road * Honolulu, HI 96816
3-1901 Kaumuali'i Highway * Lihue, HI 96766
96-045 Ala 'Ike Street * Pearl City, HI 96782
310 West Ka'ahumanu Ave * Kahului, HI 96732
45-720 Kea'ahala Road * Kane'ohe, HI 96744

Email

hawccfao@hawaii.edu
honccfao@hawaii.edu
kapfao@hawaii.edu
kaucfao@hawaii.edu
lccfao@hawaii.edu
mauifa@hawaii.edu
wccfao@hawaii.edu

Phone

(808) 934-2712
(808) 845-9116
(808) 734-9537
(808) 245-8360
(808) 455-0606
(808) 984-3277
(808) 235-7449