



**THE CLEVELAND INSTITUTE OF ART**  
**2025-2026 Cost of Attendance/Budget Appeal**

Student's Name: \_\_\_\_\_ CIA ID: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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Your Cost of Attendance (COA) consists of the direct expenses you incur that are billed by CIA: tuition and fees, on-campus housing, campus meal plan etc. and indirect expenses you may incur: books, supplies, off-campus housing, food, transportation and miscellaneous.

The financial aid office estimates what these indirect expenses may be for the typical student based upon cost of living surveys in the geographic area. Your financial aid, including loans you borrow, cannot exceed the total cost of attendance.

A student may experience costs greater than what is estimated in their cost of attendance for these indirect expenses and may request an increase in their COA in order to be able to borrow additional funding with Federal Student loans, Federal Parent PLUS loan (for dependent student) or private educational loans. An increase in your budget does not increase your aid eligibility for other aid programs. The budget will only be increased for incurred costs or expenses made while the student is enrolled in a Title IV eligible program. Check off the type of budget increase you are requesting and submit any supporting documentation.

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- Housing Expense.** Rent/housing costs exceeds the amount of housing costs in your COA. Submit a lease agreement.
  - Transportation Expense.** For example, car repairs to be able to drive to school. We would need an itemized invoice.
  - Computer Expense.** This is a one-time allowance. If you have already paid for the computer, we would need a receipt.
  - Books/Supplies/Software.** If your expenses exceed what is already built in your COA. **Receipts required.**
  - Opt-in for medical waiver.** If you are uninsured, you are required to have the medical plan that we offer. If you cannot afford this plan, we can increase the budget if needed to allow you to borrow funds to pay the plan.
  - Dependent Childcare Expense.** This is considered for unusually high child care or dependent care costs. Please provide copies of receipts to show monthly expense OR provide the itemized receipt, and we will calculate the projected annual costs.

Comments:

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**Certification Statement:**

All the information on this form is true and complete to the best of my knowledge. If asked, I agree to provide further proof of the information I have given on this form. I understand that if I purposely give false or misleading information, I may be subject to a fine, prison sentence, or both.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit this form to the Cleveland Institute of Art**  
**Office of Financial Aid, 11610 Euclid Ave,**  
**Cleveland, OH 44106**  
**Fax: 216-754-3634; Email: [financialaid@cia.edu](mailto:financialaid@cia.edu)**