

Sample Cost of Attendance Survey

The Office of Financial Aid is conducting this survey to obtain an accurate estimate student expenses.

Participation in this survey is voluntary; all responses will be anonymous. Your financial aid will not be affected by your answers. We appreciate your assistance. Thank you.

1. Please list you program of study:

2. My program is:

3. My residency status is:

4. How many credits do you normally take EACH TERM?

5. Did you purchase a computer/laptop while enrolled at this institution? Yes ☐ No ☐

If yes, how much did you pay for it? \$.00

How much do you pay for software used to complete class assignments each term? \$.00

6. How much do you pay EACH TERM for books and educational supplies? \$.00

7. How much do you pay PER MONTH for cell phone service? \$.00

8. Where are you living during the school year?

- ☐ Off-Campus with Parent(s)
- ☐ Off-Campus, not with Parent(s)
- ☐ On-Campus Residential Hall
- ☐ On-Campus Apartment

If you live ON-CAMPUS, please skip to question 11.

9. IF YOU LIVE OFF CAMPUS, how much do you pay for the following EACH MONTH?
IF YOU SHARE A HOUSE OR APARTMENT, include only YOUR share of each expense.

Rent/mortgage: \$.00

Home/renters insurance: \$.00

Cable TV and Internet: \$.00

Telephone - land line: \$.00

Other utilities (heat, electricity, water & sewer): \$.00

Food: \$.00

10. How many roommates live with you?

11. Are you covered by medical/dental insurance?

- ☐ Yes, I am covered under my parent's or spouse's insurance
- ☐ Yes, I have insurance through my employer
- ☐ Yes, I have student insurance through my college
- ☐ Yes, I purchased insurance on my own
- ☐ No, I do not have health insurance

12. How much do you pay PER YEAR for each of the following?

(Enter 0 if your parents pay these expenses)

Medical insurance premiums: \$.00

Dental insurance premiums: \$.00

Doctor visits: \$.00

Dentist visits: \$.00Medications: \$.00

13. About how much do you spend PER TERM on transportation **excluding car expenses** (plane, train, bus passes, etc.)? \$.00

14. Do you have a car at school? Yes ☐ No ☐

15. IF YOU HAVE A CAR at school, please estimate your MONTHLY expenses for car payments, insurance, gas, maintenance, parking, etc. \$.00

16. During the months you are enrolled in classes, how much do you spend per month on entertainment and personal items (contact lens supplies, toothpaste, haircuts, and other personal grooming items)? \$.00

17. Please provide any other monthly expenses you incur not requested in this survey. Please type the **EXPENSE DESCRIPTION** and the **AMOUNT PAID PER MONTH**.

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