SAMPLE

\*Feel free to change up this letter
to fit your institution.

***[Date]***

**Student’s Name: *[student’s first and last name]***

**Student ID:** ***[student ID]***

This is an **estimated** cost of attendance for the above student*.* Costs are subject to change. Change can occur if the student alters their enrollment or if the cost of attendance is increased for the next school year. The estimated cost for an undergraduate student is as follows:

**Academic Year: *[year]***

**Term (select one):**\_\_\_\_ Fall \_\_\_\_ Winter Qtr/Spring

This above term will begin on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and ends on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 *[term start date]* *[term end date].*

Estimated Cost of Attendance: **$\_\_\_*\_\_\_\_\_\_\_\_\_\_***

Estimated Resources: **$\_\_\_*\_\_\_\_\_\_\_\_\_\_*** *(not including EFC/SAI)*

If you have any questions, please feel free to call us at ***[contact’s phone #]*** or email us at ***[contact’s email address].***

Thank you,

***[Contact’s Name]***

***[Contact’s Title/Position]***

***[Contact’s Institution]***