

**Request Change to Cost of Attendance 2019-2020 Academic Year**

**Student Name** \_\_\_\_\_ **UIN** \_\_\_\_\_

**\*\*Submission of this form does NOT automatically qualify you for additional scholarships or financial aid.\*\***  
**\*\*This is not an application for additional financial aid\*\***

Complete this form if you have special circumstances in which your current estimated cost of attendance does not cover your basic educational expenses. Return the completed form with the applicable documentation.

Check all that apply:

**Computer Purchase**

Computer purchase adjustments are typically up to **\$1000** unless noted below.

- Computer purchase is a one-time adjustment for your academic career.
- If the computer purchased with the previous adjustment is no longer viable (stolen or broken), supporting documentation will be required for a review.
- A higher amount may be considered for certain required coursework with supporting documentation.

Engineering & Marine Engineering (BYOD) <b>\$1,660</b>	Pharmacy, Medicine, Nursing Public Health <b>\$1,250</b>	Professional D.V.M (BYOD) <b>\$1,700</b>	Dental (DDS)  <b>\$1,700</b>
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- Submit:     • The receipt of the computer you have purchased **OR**  
              • Dated printout showing total cost of the computer you are planning to purchase.

**Unexpected Medical/Dental Expenses for student**

- Elective medical procedures are not accepted.

- Submit:     • Written explanation of medical expenses.  
              • Copies of all applicable itemized bills.

**Room and Board**

- Room and board costs are included in your cost of attendance. Extenuating circumstances must exist to warrant an increase to this amount.

- Submit:     • Written explanation of extenuating circumstances.  
              • Copies of 3 months bills such as utility, gas, water, groceries, etc.  
              • Copy of lease agreement.

**Dependent care/Child care expenses**

- Submit:     • Written explanation of relationship to dependent and dependent care needs.  
              • Copies of contract indicating monthly payment amount.

**Other:**

- Submit:     • Written explanation and supporting documentation.

***This request, along with supporting documentation must be received by our office no later than 10 business days before the end of the semester to be considered.***

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_