Request Change to Cost of Attendance 2022-2023 Academic Year

Student Name ___________________________ UIN ___________________________

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. *Submission of this form does NOT automatically qualify you for additional scholarships or financial aid.*

Check all that apply and provide detailed documentation when returning this completed form:

☐ Computer Purchase
  o The maximum adjustment for purchase of a computer is $2,500, which may include the cost of a warranty and printer, and is allowed one-time over the course of your academic career.
  o If the equipment purchased is later damaged or stolen, an additional request may be submitted; however, supporting documentation detailing what occurred will be required for review.
  
  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
  o Elective medical procedures are not accepted.
  
  Submit:
  • Written explanation of medical expenses.
  • Copies of all applicable itemized bills.

☐ Room and Board (currently included in your Cost of Attendance)
  o Extenuating circumstances must exist to warrant an increase to this amount.
  
  Submit:
  • Written explanation of extenuating circumstances.
  • Copies of bills, such as utility, gas, water, groceries, etc., for 3 months.
  • Copy of lease agreement.

☐ Dependent Care/Childcare Expenses
  
  Submit:
  • Written explanation of relationship to dependent and dependent care needs.
  • Copy 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: ___________________________

P.O. Box 30016 · 1252 TAMU · College Station, TX 77842-3016 · Tel. 979.845.3236 · Fax 979.847.9061 · http://financialaid.tamu.edu