

Request Change to Cost of Attendance 2023-2024 Academic Year

Student Name	UIN
Complete this form if you have sincluded in your current estimate	special circumstances in which your basic educational expenses are not ed Cost of Attendance.
Submission of this form does No	OT automatically qualify you for additional scholarships or financial aid.
Check all that apply and provide	detailed documentation when returning this completed form:
a warranty and printer,o If the equipment purcha	ent for purchase of a computer is \$2,500, which may include the cost of and is allowed <u>one-time</u> over the course of your academic career. ased is later damaged or stolen, an additional request may be porting documentation detailing what occurred will be required for
•	e computer you have purchased <u>OR</u> howing total cost of the computer you are planning to purchase.
Unexpected Medical/DentaElective medical proced	•
Copies of all app	tion of medical expenses. licable itemized bills.
 Extenuating circumstan 	ces must exist to warrant an increase to this amount.
·	tion of extenuating circumstances. uch as utility, gas, water, groceries, etc., for 3 months. reement.
Dependent Care/Childcare	Expenses
Copy of contract	tion of relationship to dependent and dependent care needs. Indicating monthly payment amount.
Other:	
Submit: • Written explanate	tion and supporting documentation.
• • • • • • • • • • • • • • • • • • • •	ting documentation, must be uploaded in your Financial Aid Portal no are the end of the semester to be considered.
Student Signature:	Date: