

Request Change to Cost of Attendance 2024-2025 Academic Year

Student Name	UIN
Complete this form if you have spe included in your current estimated (cial circumstances in which your basic educational expenses are not Cost of Attendance.
Submission of this form does NOT	automatically qualify you for additional scholarships or financial aid.
Check all that apply and provide det	cailed documentation when returning this completed form:
a warranty and printer, andIf the equipment purchase	for purchase of a computer is \$2,500, which may include the cost of d is allowed one-time over the course of your academic career. d is later damaged or stolen, an additional request may be orting documentation detailing what occurred will be required for
·	omputer you have purchased <u>OR</u> wing total cost of the computer you are planning to purchase.
Unexpected Medical/Dental EElective medical procedure	•
Copies of all applica	n of medical expenses. Ible itemized bills. Cluded in your Cost of Attendance)
Extenuating circumstancesSubmit:Written explanation	must exist to warrant an increase to this amount. n of extenuating circumstances. as utility, gas, water, groceries, etc., for 3 months.
Dependent Care/Childcare Exp	enses
•	n of relationship to dependent and dependent care needs. dicating monthly payment amount.
Submit:	
	n and supporting documentation.
	documentation, must be uploaded in your Financial Aid Portal no the end of the semester to be considered.
Student Signature:	Date: