

Cost of Attendance Adjustment Request

Name: _____ ID Number: _____

Academic Yr (selection for Medical and Dental only) 20____-20____

Fall 20____ Spring 20____ Summer 20____

Your Cost of Attendance (COA) for the year is based on actual tuition and fee charges, instrument leasing fees if applicable to your curriculum, and allowances for:

- books (as determined by your school),
- required health insurance,
- transportation costs (this does not include auto payments or insurance)
- room and board (for a single student in an average cost one-bedroom apartment)
- miscellaneous expenses (such as uniforms and school supplies)

Additional allowances may be authorized to increase your COA for items such as (please indicate the category which applies to your current situation):

Child Care Expenses (for Independent Students)

If you must incur additional expenses for the care of a dependent child(ren) during class time, study time, clerkships, commuting time, or other education related activities, you may request that your cost of attendance budget be increased. If marital status on FAFSA shows married, spouse must be working or in school to qualify for this increase (additional documents may be required). I will pay \$ _____ per month, for child care expenses for the children listed below, during the term in which I will be enrolled at UT Health San Antonio. The child(ren) must have been included as part of your household in your current FAFSA.

_____	_____	_____	_____
Childs' Name	Age	Child's Name	Age
_____	_____	_____	_____
Childs' Name	Age	Child's Name	Age
_____	_____	_____	_____
Childs' Name	Age	Child's Name	Age

If approved, the standard allowance for child care is \$440 per month of enrollment for all children in the household. However, if you would like to be considered for an increased amount, you must provide an official recent billing statement with a least one month of child care payment under the student's name from the child care facility.

Vehicle Repairs

The repair cannot be for general maintenance. It must be for emergency repair only. You will need to have the car repaired first and then submit the following documentation with this request.

1. A signed statement explaining the type and necessity of the repair.
2. A copy of the paid receipt showing the amount of the repair. The receipt must be in the student's name and paid by the student.

Laptop Computer/Personal Computer/ Tablet (Does not apply to Dental/ Dental Hygiene Students, and Physician Assistant Students – expense already included in COA)

Only one device is allowed per enrollment. You will need to purchase the device first and then submit the following documentation with this application.

1. A copy of the paid receipt showing the total amount paid. The receipt must be in the student's name and paid by the student.

Allowance for One Time Professional License or Certificate Does not apply to Medical Students - expense already included in COA. Dental students can also request adjustments for Part 1 and Part 2 in addition to a national exam. An allowance for the one-time direct costs of obtaining a first professional license or certificate for students who are enrolled in a program that requires such professional licensures or certification, this allowance may only be provided one time per student per eligible academic program. The student must incur the cost during (not after) a period of enrollment, even if the exam is taken after the end of the period. You will need to pay for the exam then submit the following documentation with this application.

1. Copy of the paid receipt, under the student's name, showing the amount paid for the exam and the date of the exam.

Tuition & Fees for Concurrent Enrollment at Another Institution

If your current program of study requires you to take courses at another institution, please provide the following:

1. An itemized tuition and fee account statement reflecting the account paid in full, the term, classes, school's name, and student's name. The receipt must be in the student's name and actually paid by the student.
2. Documentation indicating the courses are required by the current program of study (this requirement does not apply to MD/MPH).

Non-Resident Tuition

Tuition is billed at the Non-Resident rate and you do not expect a non-resident tuition waiver, nor have not and will not submit a Residency Questionnaire during the academic year. Your request to adjust the budget to include non-resident tuition may be re-evaluated after census date of the current term. If we determine you have been subsequently charged in-state tuition after this request is processed, your cost of attendance will be re-adjusted and you will become responsible for any over-awards created.

Other Educational Related Expenses

Please explain in detail your **unusual** circumstances/ expense and please provide both paid receipt showing the total amount paid and documentation from the school indicating the expense was required of all students in the program. The receipt must be in the student's name and paid by the student. If more space is needed, attach a separate page with your name and ID number at the top.

The following budget increase requests will not be considered:

- | | |
|--|---|
| <input type="radio"/> Costs associated with the purchase or lease of a new vehicle | <input type="radio"/> Costs associated with furnishing off-campus housing |
| <input type="radio"/> Consumer related debts, i.e., credit card balances | <input type="radio"/> Preparatory course expenses |
| | <input type="radio"/> Moving or relocation costs |

Unreimbursed **medical and dental expenses** are treated differently according to Title IV regulations. Please contact a financial aid counselor for more details.

Signature Box

Please increase my student loans if I have remaining eligibility to cover this cost of attendance adjustment.

By signing this budget request, I certify that all the information is complete and correct. I understand that I may be asked to provide additional information during the review of this request. You will be notified via email of the committee's decision.

Student's Signature: _____ Date: _____

For Financial Aid Office Committee use only:

Approved: ___ Denied: ___

Notes: _____

Reviewed by _____	Date _____
Reviewed by _____	Date _____
Reviewed by _____	Date _____

- Aggregate Flags for current **and** next year
- Annual Limits
MS1,MS4,DS4= 42722
DS1= 44,944
MS2,MS3,DS2-3= 47167
- Variable Char 5 comments