Budget (Cost of Attendance) Increase Request Form

Student Name: ___________________________ TTU R#: ___________________________

Student Email: ___________________________ Cell: ___________________________

Classification:  □ Undergraduate  □ Graduate  □ LAW

Term(s) for Increase:  □ FALL 20___  □ Spring 20___  □ Summer 20___

Budget adjustments may be considered for educationally related expenses, or for expenses that may directly impact the student’s ability to continue his or her program of study. Submission of request and documentation does not guarantee a Budget Increase Request will be warranted and processed. Grant money is not reserved for this or similar request(s). An increase in your Loan Eligibility may be the only result.

Check any of the following that apply to your expenses and submit all documentation (receipts, cancelled checks, account summary, etc.) Please note that receipts must be dated within the time of enrollment in the current academic year.

□ MEDICAL or DENTAL EXPENSES (Paid out of pocket – not covered or reimbursed by insurance)
   Include receipts, EOBS, or statements showing amount due (not covered or reimbursed by insurance). Expenses that will be considered are the student’s expenses for the current academic year.

□ STUDENT DISABILITY RELATED EXPENSES (Not covered or reimbursed by insurance)
   Include documentation showing amount(s) paid (or estimates) for goods or services necessary for successful completion. Documentation showing necessity of purchase may be requested. Technique Center costs and Project Case may be included.

□ REQUIRED CAR or HOME REPAIRS (Not covered or reimbursed by insurance)
   Include documentation showing amount(s) paid (or estimates) for goods or services necessary for repairs. Required repairs are those that are necessary for the student to continue their educational program. Standard maintenance expenses (oil change, lawn service, car payments, insurance expenses, etc.) are not considered.

□ COMPUTER PURCHASE (May only be used ONE TIME in the entire academic program)
   Include documentation showing amount(s) paid (or estimates) for purchase. Adjustments may be made for “reasonable” purchase (typically up to $1500 unless additional documentation is provided showing necessity of other components for the program of study). This adjustment may occur only one time in student’s academic program.

□ PROFESSIONAL LICENSING EXPENSES
   Include documentation showing date of purchase and amount. Purchase must take place during your academic program. Amounts that are to be paid after your program of study cannot be included.

□ ADDITIONAL EDUCATIONAL SUPPLIES or EQUIPMENT
   Include documentation showing amount(s) paid (or estimates) for items. The standard cost of attendance includes an estimated amount for books and supplies. Amounts spent in excess of the budgeted amount will be considered. Examples can include additional books and supplies, required computer software, instrument necessary for program, travel for educational purposes, etc.). Documentation showing necessity of purchase may be requested.

□ DEPENDENT CARE EXPENSES (Daycare)
   Expenses that will be considered are those that the student pays for childcare during the academic year. Only one student per household may request a budget change for child care expense. Letter must be provided on daycare letterhead and/or stamped by the daycare office.

□ LIVING EXPENSES
   □ ROOM Expenses for room/living (rent, mortgage, utilities, power, internet). Only applicable if total room expenses is greater than $662 a month for UG or $688 a month for GR/LW. Types of documentation needed: Lease, Mortgage, monthly utility/power statements
   □ BOARD Expenses for food. Only applicable if your food expenses is greater than $381 a month for UG or $396 a month for GR/LW. Types of documentation needed: receipts of groceries, food purchases, etc.

Student Signature: ___________________________ Date: ___________________________

FA Advisor: ___________________________ Date: ___________________________

*Director Signature_________________________ Date: ___________________________

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