



Dependent Care Expense Worksheet

Student Name _____ R# _____

Classification: Undergraduate Graduate Law

Term(s) for Review: Fall 20_____ Spring 20_____ Summer 20_____

Please provide the following information about expenses incurred for dependent members of your household who are under the age of 13. This worksheet must be signed by both the student and dependent care provider to be considered in review of a request for review of cost of attendance.

Name of Dependent	Relationship	Care Provider	Weekly Rate

Source of dependent care subsidy or assistance (if applicable): _____

Amount of dependent care subsidy or assistance: _____

I certify that the information provided on this form is accurate and complete as of this date. I understand that this document, submitted in conjunction with request of a review of my cost of attendance is not guaranteed to result in a change to my financial aid eligibility and does not release me from payment of any balance due on my student account. **I have attached proof of payment documentation (cancelled check, receipts, etc.)**

Student Signature _____ Date _____

Provider Signature _____ Date _____

Name _____

Address _____

Phone _____

Relation to Student (if applicable): _____