

## 2024-2025 COST OF ATTENDANCE INCREASE REQUEST

STUDENT'S NAME: LAST:		FIRST:		M.I.:
STUDENT'S UMB ID #: <b>@00</b>	PROGRAM OF STUDY:	EXPECTED GRAD DATE (MTH/YR):	AMOUNT REQUESTED: <b>\$</b>	

**REASON FOR REQUEST:** Select an option below and provide the required documentation supporting your request. University Student Financial Assistance may request additional documentation from the student after an initial review.

**\*\*Please note that the budget CANNOT be adjusted for consumer debt, such as credit card debt, elective medical procedure costs, moving expenses, living expenses for a spouse, or private school tuition (list is not exhaustive).\*\***

**Living Expenses**—If your monthly expenses exceed the amount already allocated in the COA. The current living expense allowance is \$2,950/month, of which \$1,650 is for rent.

- Required documentation: signed lease/mortgage statement dated for the current academic year that lists all occupants and monthly payment amount. Copies of any bills/receipts (utility, parking, groceries etc.) dated in the current academic year that show monthly expense exceeds current allotment.

**Childcare Expenses** – If you incur additional expenses for the care of a dependent child (or dependent children) during class time or during other education related activities.

- Required documentation: signed 2023 IRS Tax Return Transcript or signed 2023 Federal Income Tax Return and a signed statement on letterhead from the day care provider indicating name and age of child(ren) as well as monthly or weekly charges per child. Documentation must show that the student is the one responsible for making the childcare payments.

**Medical Expenses** – If you have incurred additional expenses for treatment(s) or service(s) that are deemed medically necessary by a licensed physician and are not reimbursable by your insurance provider or another source.

- Required documentation: bills, dated during the current academic year, indicating how much the student is responsible for paying after health insurance and an Explanation of Benefits from the Insurance provider.

**Other (please specify)**—

- Required documentation: bills/receipts, dated in the current academic year, and a signed letter detailing the specifics for their request and how this applies as an academic related expense.

**Briefly indicate the circumstances behind the request:**

**BY SIGNING BELOW I CERTIFY THAT I UNDERSTAND THE FOLLOWING:**

- Submission of this request does not guarantee that I will receive additional funding from the University Student Financial Assistance office.
- Failure to submit all required documents will delay the processing of this request.
- I will be notified via email of the committee's decision within six weeks of my submitting **ALL** required documents.
- The University Student Financial Assistance office reserves the right to increase my COA by an amount equal to or less than the amount requested.
- The information and documentation I am providing is true and correct to the best of my knowledge.

**STUDENT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Counselor's Section:**

Date Received \_\_\_\_\_ BUADJ Requirement Set To 'D' Date Forwarded to Committee: \_\_\_\_\_