



Please print in black ink only.

Student Name: _____
Last Name First Name/MI Student ID

Address: _____ Phone: _____
Street Address Apt #

City State Zip

Complete the following form to request additional costs added to your standard cost of education. **Please check the box(es) below** representing the purpose for your request. Request only costs that you will incur this academic year.

- | | |
|---|---|
| <input type="checkbox"/> Disability Expense | <input type="checkbox"/> Testing/License/Legal Fees |
| <input type="checkbox"/> Transportation Expense | <input type="checkbox"/> Computer/Software Expense |
| <input type="checkbox"/> Unreimbursed Medical/Dental Expenses | <input type="checkbox"/> Tools/Equipment Expense |
| <input type="checkbox"/> Dependent Care Costs | |

Amount requested \$ _____

Explain below the reason you are requesting that additional costs be added to your cost of education. **You must attach receipts from purchase** for the additional costs (example: medical receipts, computer/equipment invoice, department list of required supplies and their costs). Use the back of this form or attach additional pages if necessary.

Student Signature: _____ Date: _____

Do Not Write Below

- | | | | | | |
|--|---|---|---|----|--------|
| <input type="checkbox"/> Budget increase approved \$ _____ | Su | F | W | Sp | ACYEAR |
| <input type="checkbox"/> Budget increase pending | <input type="checkbox"/> Documentation missing | <input type="checkbox"/> Documentation incomplete | | | |
| <input type="checkbox"/> Budget increase denied | <input type="checkbox"/> Insufficient documentation | | | | |

FA Signature

Date