



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.

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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Do Not Write Below**

Budget increase approved \$ \_\_\_\_\_ Su F W Sp ACYEAR

Budget increase pending     Documentation missing     Documentation incomplete

Budget increase denied     Insufficient documentation

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FA Signature \_\_\_\_\_ Date \_\_\_\_\_