



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.

- Disability Expense
- Transportation Expense
- Unreimbursed Medical/Dental Expenses
- Dependent Care Costs
- Testing/License/Legal Fees
- Computer/Software Expense
- Tools/Equipment Expense

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

Budget increase approved \$ _____ Su F W Sp ACYEAR

Budget increase pending Documentation missing Documentation incomplete

Budget increase denied Insufficient documentation

FA Signature Date

Columbia Gorge Community College is an equal opportunity educator and employer.