Cost of Attendance
Adjustment Request

Student’s Name: ___________________________ Student’s ID Number: ___________________________

Academic Yr (selection for Medical and Dental only) 20_____-20_____
Fall 20_____ Spring 20_____ Summer 20_____.

Your Cost of Attendance (COA) for the year is based on actual tuition and fee charges, instrument leasing fees if applicable to your curriculum, and allowances for:

- books (as determined by your school),
- required health insurance,
- transportation costs (this does not include auto payments or insurance)
- room and board (for a single student in an average cost one-bedroom apartment)
- miscellaneous expenses (such as uniforms and school supplies)

Additional allowances may be authorized to increase your COA for items such as (please indicate the category which applies to your current situation):

☐ Child Care Expenses (for Independent Students)
If you must incur additional expenses for the care of a dependent child(ren) during class time, study time, clerkships, commuting time, or other education related activities, you may request that your cost of attendance budget be increased.

I will pay $ _____________ per month, for child care expenses for the children listed below, during the term in which I will be enrolled at UT Health Science Center San Antonio. The child(ren) must have been included as part of your household in your current FAFSA.

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If approved, the standard allowance for child care is $440 per month of enrollment for all children in the household. However, if you would like to be considered for an increased amount, you must provide signed documentation, in letterhead paper, from the child care facility validating your statement.

☐ Vehicle Repairs
The repair cannot be for general maintenance. It must be for emergency repair only. You will need to have the car repaired first and then submit the following documentation with this application.

1. A signed statement explaining the type and necessity of the repair.
2. A copy of the paid receipt showing the amount of the repair. The receipt must be in the student’s name and actually paid by the student.

☐ Laptop Computer/Personal Computer/ Tablet (Does not apply to Dental/Dental Hygiene Students, Physical Therapy, and Physician Assistant Students – expense already included in COA)
Only one device is allowed per enrollment. You will need to purchase the device first and then submit the following documentation with this application.

1. A copy of the paid receipt showing the total amount paid. The receipt must be in the student’s name and actually paid by the student.
☐ Allowance for One Time Professional License or Certificate (Does not apply to Medical Students - expense already included in COA).

An allowance for the one-time direct costs of obtaining a first professional license or certificate for students who are enrolled in a program that requires such professional licensures or certification, this allowance may only be provided one time per student per eligible academic program. The student must incurred the cost during (not after) a period of enrollment, even if the exam is taken after the end of the period. Examples of allowable cost include fees charged to take the licensing exam or costs of applying for and obtaining the license. You will need to pay for the exam then submit the following documentation with this application.

1. A copy of the paid receipt showing the total amount paid for the exam and the date of the exam. The receipt must be in the student’s name and actually paid by the student.

☐ Tuition & Fees for Concurrent Enrollment at Another Institution

If your current program of study requires you to take courses at another institution, please provide the following:

1. An itemized tuition and fee account statement reflecting the account paid in full, the term, classes, school’s name, and student’s name. The receipt must be in the student’s name and actually paid by the student.
2. Documentation indicating the courses are required by the current program of study (does not apply to 4-Year MD/MPH).

☐ Non-Resident Tuition

Tuition is billed at the Non-Resident rate and you do not expect a Competitive Academic Scholarship, Teaching/Research Assistant waiver, or have not and will not submit a Residency Questionnaire during the academic year. Your request to adjust the budget to include non-resident tuition will be evaluated after census date of the current term. If you are subsequently charged in-state tuition after this request is processed, your cost of attendance will be re-adjusted and you will become responsible for any over-awards created.

☐ Other Educational Related Expenses

Please explain in detail your unusual circumstances/ expense and please provide a paid receipt showing the total amount paid. The receipt must be in the student’s name and actually paid by the student. If more space is needed, attach a separate page with your name and ID number at the top.

__________________________

The following budget increase requests will not be considered:

☐ Costs associated with the purchase or lease of a new vehicle
☐ Costs associated with furnishing off-campus housing
☐ Consumer related debts, i.e., credit card balances
☐ Preparatory course expenses
☐ Moving or relocation costs

Signature Box

☐ Please increase my student loans if I have remaining eligibility to cover this cost of attendance adjustment.

By signing this budget request, I certify that all the information is complete and correct. I understand that I may be asked to provide additional information during the review of this request. You will be notified via email of the committee’s decision.

Student’s Signature: ________________________________ Date: ________________

For Financial Aid Office Committee use only:

Approved: ___ Denied: ________

Notes: ____________________________________________

Reviewed by ________________________________ Date ______

Reviewed by ________________________________ Date ______

Reviewed by ________________________________ Date ______

☐ Aggregate Flags for current and next year
☐ Annual Limits
MS1,MS4,DS4= 42722
MS2,MS3,DS1-3= 47167
☐ Variable Char 5 comments

The UTHSCSA is an Equal Opportunity/Affirmative Action Institution. Pursuant to the Americans with Disabilities Act, if you require this information in an alternative format please contact the Office of Veteran Services and Financial Aid for assistance.

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