



- Undergraduate
- Graduate
- Law

## 2012-2013 Budget (Cost of Attendance) Increase Request

Student Name

TTU ID (R Number)

Budget adjustments may be considered for educationally related expenses, or for expenses that may directly impact the student's ability to continue his or her program of study. Increasing your financial aid budget, may enable you to receive additional self-help aid (most often federal, state, or private loans). This adjustment does not change your federal FAFSA data.

Check any of the following that apply to your expenses, and submit all documentation (receipts, cancelled checks, account summary, etc.)

**Before submitting, make sure you have:**

- Completed this form and signed page 2

- Included all supporting documentation of expenses.  
**If no documentation is provided, adjustments may not be possible**

Professional Licensing Expenses

**Include documentation showing date of purchase and amount.** Purchase must take place during your academic program, amounts that are to be paid after your program of study has ended cannot be included.

Medical or dental expenses paid **out of pocket** (not covered or reimbursed by insurance)

**Include receipts, EOBs, or statements showing amount due (not covered or reimbursed by insurance).** Expenses that will be considered are the *student's* expenses for the current academic year.

Disability related expenses for **the student** (not covered or reimbursed by insurance)

**Include documentation showing amount(s) paid (or estimates) for goods or services necessary for successful completion.** Expenses that will be considered are the *student's* expenses for the current academic year. Documentation showing necessity of purchase may be requested.

Required car or home repairs (not covered or reimbursed by insurance)

**Include documentation showing amount(s) paid (or estimates) for goods or services necessary for repairs.** Expenses that will be considered are the *student's* expenses for the current academic year. Required repairs are those that are necessary for the student to continue their educational program. Standard maintenance expenses (oil change, lawn service, car payments, insurance expenses, etc.) are not considered.

Additional educational supplies or equipment

**Include documentation showing amount(s) paid (or estimates) for items.** Expenses that will be considered are the student's expenses for the current academic year. The standard cost of attendance includes an estimated amount for books and supplies. Amounts spent in excess of the budgeted amount will be considered. Examples can include additional books and supplies, required computer software, instrument necessary for program, etc). Documentation showing necessity of purchase may be requested.

Computer Purchase (may only be used **one time** in the entire academic program)

**Include documentation showing amount(s) paid (or estimates) for purchase.** Adjustment may be made for "reasonable" purchase (typically up to \$1500 unless additional documentation is provided showing necessity of other components for the program of study). This adjustment may occur only one time in the student's academic program.

Other Additional Educational Expenses

**Include documentation** showing necessity of expense for educational program. **Include documentation of amount(s) paid (or estimates) for purchase.**

Dependent Care Expenses (Daycare or baby-sitter expenses)

**Complete Childcare Expense Verification.** Expenses that will be considered are those that the student pays for childcare, during the academic year. Only one student per household may request budget change for childcare expenses.

### Child Care Expense Verification

Childcare will be provided for (indicate all that apply):

Fall 20

Spring 20

Summer I 20

Summer II 20

Childcare facility or individual providing care:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Dependents receiving care:**

Name of child	Age	Hours per day	Hours per week	Cost per Month

Total cost per month  
for all children \_\_\_\_\_

Signature of childcare provider is required for consideration of childcare expenses.

X \_\_\_\_\_  
Signature of childcare provider

\_\_\_\_\_  
Date

### Student Signature

By signing below, I verify that the information on this form and in any attached documentation is true and complete. I understand that Student Financial Aid may request additional documentation in order to process this request.

X \_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

Mail to: Student Financial Aid Office  
PO Box 45011  
Lubbock, TX 79409-5011  
Phone (806) 742-3681

Return to: Student Financial Center  
Room 301  
West Hall  
Fax (806) 742-0880