

FINANCIAL AID OFFICE - HEALTH SCIENCES CENTER  
INCREASE TO BUDGET REQUEST  
**DO NOT FAX**

Processing of Appeals will begin after August 1<sup>st</sup> of academic year.

\_\_\_\_\_  
**Student Name**

\_\_\_\_\_  
**Program/School**

\_\_\_\_\_  
**Student Number**

\_\_\_\_\_  
**Program Start Date**

A standard student budget includes the following: tuition and fees, books and supplies, room and board, personal expenses and transportation.

On a case-by-case basis other specific costs may be added to this basic budget. These costs include but are not limited to: medical, dental, and optical costs not covered by insurance, handicap student expenses and dependent care expenses.

Submit this form along with documentation to substantiate your circumstances. Include a detailed explanation regarding your circumstance on page 2 of this form. Incomplete or inadequate documentation may cause a delay beyond the standard processing time of 6 to 8 weeks. Deadline for appeal request is 2 months prior to last day of the academic year-end.

A review will be considered when a student/family is experiencing:

- |  |  |
|--|--|
| <input type="checkbox"/> Dependent day-care expenses * | <input type="checkbox"/> Increased health care costs |
| <input type="checkbox"/> Handicapped student expenses  | <input type="checkbox"/> Other _____                 |

**\* In order for a dependent day-care appeal to be processed, you must submit a statement in your child's name from a day care center/preschool. If you are submitting a written statement from an "in-home" provider, you must submit a copy of a cancelled check written in his/her name with the social security number of the provider. If you included dependent care information on the UAPP you do not need to submit this appeal form.**

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All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of all information on this form including but not limited to copies of federal tax returns. Failure to comply could result in repayment responsibilities or criminal action. I understand that if circumstances change, I must notify the Financial Aid Office immediately. Failure to do so may result in reduction and repayment of funds and forfeiture of appeal rights in the future. I also understand that approval of this appeal does not assure approval of a similar future request, and that any financial assistance offered may be restricted by the availability of funds in the Financial Aid Office in any given year.

\_\_\_\_\_  
(Student signature/Date)

\_\_\_\_\_  
(Spouse's signature/Date)

\_\_\_\_\_  
(Parent signature -dependent students/Date)

\_\_\_\_\_  
(Parent signature - dependent students/Date)

