



Cost of Attendance Budget Adjustment Request

Student Name: _____ ID#: _____

Please complete this form if you are requesting an adjustment to your Cost of Attendance Budget at UE.

Academic Year/Term: (check one)

- Fall/Spring 2023-24
- Fall 2023 Only
- Spring 2024 Only
- Summer 2024 Only

Type of Request: (check all that apply)

Requested Amount: \$ _____

- Housing
- Meals
- Transportation
- Other _____

Attach documentation to support your request. For example, if you are requesting an increase in your housing allowance, submit a copy of your actual housing costs (lease or contract) for the time period specified above.

Please explain below why you need this adjustment:

Certification/Acknowledgement:

- 1) I understand that budget adjustments are only given for necessary expenses specifically related to my education at UE.
- 2) I understand that loans are generally the only type of additional financial aid I can receive.
- 3) I certify that the information provided on this request is complete and correct.
- 4) I understand that giving false or misleading information may result in the loss of financial aid.

Student Signature: _____ Date: _____

SFS Use Only:

Approved for Housing \$ _____ Meals \$ _____ Trans \$ _____ Other \$ _____
 Denied

Processed by: _____ Date: _____