

Request for Professional Judgment Cost of Attendance Budget Adjustment

Please Read: Students may submit a request to increase their cost of attendance in their budget and subsequently increase their federal Grad PLUS loan. Adjustments submitted must be documented and reasonable as it pertains to the cost of attendance and are on a case by case basis. Budget increases are rare and decisions made by the Financial Aid Officer are final.

Please only fill out the section that applies to your specific request. **Required documentation must accompany all requests.**

Name (printed) _____ Student ID Number _____

Semester _____

One Time Requests Up to \$1,500:

\$ _____	Professional Licensure Exam Fees: <i>I paid for the bar exam. Maximum consideration is \$1,500</i> <ul style="list-style-type: none">• Receipt listing professional licensure examination with verification of payment with dates.
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Requests Considered ONCE Each Semester (Up to \$5,000 per semester):

\$ _____	Child Care for Dependent Children: <i>I am paying out of pocket for child care expenses for my custodial children.</i> (Not considered: child care paid for children not listed in the student's household on the FAFSA, or for children over the age of 13) Maximum \$5,000 per semester <ul style="list-style-type: none">• Child care provider statement or invoice• Proof of payment in the form of receipt or statement(s) with dates.	
Name of the dependent child(ren):		
_____	_____	_____
Last	First	Age
_____	_____	_____
Last	First	Age
_____	_____	_____
Last	First	Age
Provider Name: _____		
Provider Phone Number: _____		
Provider Address: _____		

Certification:

By signing this form, (1) I hereby attest that all of the information provided on this application is accurate; (2) I understand that any decision made by the Financial Aid Office is final; (3) I understand that any increase to my cost of attendance budget will be disbursed in the form of GRAD Plus loans only which increase the amount of loans I will have to repay and I may decrease or decline that amount at any time; (4) I understand that I may only request one (1) budget adjustment per <one-time only> category during my enrollment. Child care adjustments will be considered by request; (5) I understand that providing false information can result in ineligibility and/or cancellation of Title IV financial aid.

Student Signature _____

Date _____

This request is not valid unless signed and dated by the student.

FOR OFFICE USE ONLY

Approved _____ Denied _____

FA Counselor _____

Adjustment made: \$ _____ Date _____ Semester _____

Comments: _____