Your calculated cost of attendance includes allowances for average, reasonable expenses that you may incur while enrolled at UB. Budget increases will be considered for education related expenses that exceed the allowances already factored in to your cost of attendance. An increase to your budget will only result in additional loan eligibility.

Last Name: ___________________________ First Name: ___________________________ MI: _____ Person Number: _______________

I am requesting a budget increase for: ☐ Summer 2015 (Deadline August 1, 2015)
☐ Fall 2015 (Deadline December 1, 2015)
☐ Spring 2016 (Deadline May 1, 2016)
☐ Fall 2015 & Spring 2016 (Deadline May 1, 2016)

Complete each applicable section. For each item selected, indicate the amount of the expense that exceeds the allowance already considered in your cost of attendance (http://www.financialaid.buffalo.edu/costs/index.php).

☐ Additional Educational Expenses

A. Required books and/or supplies: $ ________________
B. Computer purchase: $ ________________

Documentation Required: Proof of Purchase (Copy of dated paid receipt) in the student’s name.

☐ Professional Student Expenses

A. First Professional License or Certification (Must be required in order to practice or be employed in the profession and expenses must be incurred while you are enrolled at UB) $ ________________
B. Conference Required for Educational Program $ ________________
C. Bar Exam – Third year law students may request a one-time increase for expenses paid to take one bar exam (excluding preparation). Allowable costs include application fees, background check, finger printing, etc. $ ________________
D. Residency – Fourth year medical students may request an increase for costs associated with residency interviews. Allowable costs include application fees, transportation and lodging. $ ________________

Documentation Required: The student must provide receipts or billing statements showing the date and detailing the associated costs. A memo from department chairperson verifying the requirement for the student's class or educational program is also required.

☐ Housing Expenses

Rent or lease payments above the allowance already considered in the cost of attendance. Do not include mortgage payments, utilities, cable or cell phone expenses. Only payments that occur during the academic year will be considered. For most students, this equates to expenses over a 9 month period. $ ________________

Documentation Required: Copy of your rent or lease receipts.
2015-2016 Budget Increase Request

☐ Dependent Child / Adult Care Expenses

Expenses incurred for dependent care during academic-related activity (class-time, study time, field work, internship and commuting). Exclude dependent care costs incurred while you are working or when another family member is caring for the dependent(s).

$_________________

Documentation Required: Dated paid receipt or invoice from the care provider listing the dependent(s) name(s) and the days and hours that care is provided and.

☐ Transportation Expenses

Includes expenses above the allowance already considered in the cost of attendance. Standard maintenance expenses are not considered.

$_________________

Documentation Required: Itemization of expenses incurred during period of enrollment including purpose of travel, number of times per week you travel, and documentation of the length of commute. For necessary repairs, copy of dated paid receipt.

☐ Study Abroad Expenses

Expenses incurred:

$_________________

Documentation Required: Letter of acceptance to the study abroad program and documentation listing the dates and itemized costs associated with the program (tuition, fees, living and travel expenses, passport, etc.)

☐ UB Medical Insurance

UB Medical Insurance charges must be reflected on your Student Accounts eBill. Budget increases for UB Medical Insurance will be processed AFTER the published waiver period end date, unless proof of waiver denial is submitted.

$_________________

Documentation Required: Copy of email notification that waiver request was denied.

Certification and Signature

I certify that all information provided in this document is true, complete and accurate to the best of my knowledge. I further understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid. I authorize the University at Buffalo to make any change(s) necessary as a result of the updated information that I have provided. By signing this form, I certify that I have read and agree to the financial aid terms and conditions outlined in the Step-by-Step Guide (http://www.financialaid.buffalo.edu/pdfs/StepByStep.pdf)

__________________________________________  __________________________
Student Signature                                Date