

## Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle I: \_\_\_\_ Person Number: \_\_\_\_\_

Your calculated cost of attendance includes allowances for 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 into your cost of attendance. An increase to your budget may only result in additional loan eligibility.

## Term Designation

- I am requesting a budget increase for:**
- Summer 2016 (Deadline August 1, 2016)
  - Fall 2016 (Deadline December 1, 2016)
  - Spring 2017 (Deadline May 1, 2017)
  - Fall 2016 & Spring 2017 (Deadline May 1, 2017)

## Incurred Expenses and Required Documentation

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**

Required Books and/or Supplies	\$
Computer Purchase	\$
<b>Required Documentation:</b> Proof of purchase (copy of dated paid receipt) in the student's name.	

**Professional Student Expenses**

First Professional License or Certification – License or Certification must be required in order to practice or be employed in the profession. Expenses must be incurred while you are enrolled at UB.	\$
Conference Required for Educational Program	\$
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.	\$
Residency – Fourth year medical students may request an increase for costs associated with residency interviews. Allowable costs include application fees, transportation and lodging.	\$
<b>Required Documentation:</b> 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.	

Person Number: \_\_\_\_\_

## Incurring Expenses and Required Documentation, Continued

**Housing Expenses**

Rent or Lease Payments - 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.	\$
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**Required Documentation:**

Copy of your rent or lease receipts.

**Dependent Child/Adult Care**

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).	\$
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**Required Documentation:**

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

**Transportation Expenses**

Transportation Expenses - Standard maintenance expenses are not considered.	\$
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**Required Documentation:**

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.	\$
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**Required Documentation:**

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 <a href="#">waiver period</a> end date, unless proof of waiver denial is submitted.	\$
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**Required Documentation:**

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. Also, purposely giving false or misleading information on this worksheet may lead to fines, jail sentences, or both. I authorize the University at Buffalo to make any change(s) necessary as a result of the updated information that I have provided.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_