The estimated cost of attendance (COA) represents an estimate of the costs to attend University at Buffalo for an academic year. The budget components in the COA are averages of tuition, fees, supplies, living expenses, transportation costs, and modest personal expenses. Budget Increases will only be considered for education related expenses which exceed the budget components.

The request for a budget increase to the budget components does not guarantee that an adjustment will be made. Your request may be denied.

<table>
<thead>
<tr>
<th>Type of Allowance</th>
<th>Maximum Increase Allowable</th>
<th>Required Documentation</th>
</tr>
</thead>
</table>
| Books and Supplies                                     | Actual cost minus current COA allowance                 | Syllabi from instructor listing required items  
Itemization of each expense and receipts              |
| Child Care                                             | Actual expenses incurred not to exceed reasonable cost in the community.  
Reimbursement will be for half of actual cost. Other parent is expected to contribute to childcare expenses. | Minimum of 2 consecutive months of paid invoices or cancelled checks from day care or in-home care provider listing child(ren) name(s), ages & days and times attended.  
Personal statement detailing the need for childcare |
| Computer Purchase                                      | $2000 Increase allowed once per degree.                | Receipt showing item purchased – receipt must include date and amount paid. (If funds are needed to purchase the computer, a budget increase may be completed in advance. You must provide a receipt once you have purchased the computer. An adjustment to the budget increase may be necessary depending on actual expense). |
| Direct costs of obtaining a first professional license (Law, Med, Dent) | Actual costs incurred | Personal statement and documentation that the cost is required.  
Copy of paid receipts of expenses incurred while enrolled. |
| Disability Expenses                                    | Actual costs incurred                                  | Written documentation of disability and/or need for equipment, assistance, testing, or supplies provided by a disability professional.  
Receipts for expenses                                  |
| Living Expenses                                        | Actual cost minus current COA allowance.                | Copy of current signed lease or mortgage statement  
Personal statement explaining your current living situation along with an itemized list of your monthly expenses. |
<table>
<thead>
<tr>
<th>Type of Allowance</th>
<th>Maximum Increase Allowable</th>
<th>Required Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical Insurance</strong></td>
<td>UB insurance- Actual amount as reflected on your student account.</td>
<td>Proof of denial of medical insurance waiver</td>
</tr>
<tr>
<td>Coverage for the student only. Charges incurred for spouse and/or children may not be considered.</td>
<td>$2500/academic year</td>
<td>Documentation of medical insurance premiums.</td>
</tr>
<tr>
<td><strong>Out of Pocket Medical/Dental Expenses</strong></td>
<td></td>
<td>Receipts for care provided.</td>
</tr>
<tr>
<td>Expenses for medically necessary procedures for the student not covered by insurance.</td>
<td></td>
<td>Documentation from insurance company what portion of the bill will not be covered</td>
</tr>
<tr>
<td><strong>Study Abroad Expenses</strong></td>
<td>Amount estimated by Study Abroad Office</td>
<td>Proof of acceptance into program</td>
</tr>
<tr>
<td><strong>Transportation</strong></td>
<td>Actual cost minus current COA allowance $2500/academic year</td>
<td>Google map showing miles traveled per trip.</td>
</tr>
<tr>
<td>It is assumed that students will rely on public transportation. The purchase of an automobile, car payments, insurance payments will not be considered.</td>
<td></td>
<td>Documentation showing number of days required to travel.</td>
</tr>
<tr>
<td><strong>Emergency Auto Repairs</strong></td>
<td></td>
<td>Documentation of purpose of travel</td>
</tr>
<tr>
<td>For student vehicle only. Routine or standard maintenance may not be considered.</td>
<td></td>
<td>Paid receipts showing repairs. Students name must be on receipt.</td>
</tr>
<tr>
<td><strong>Other Educational Expenses not outlined above.</strong></td>
<td>Actual cost minus current COA allowance</td>
<td>For accident-related repairs, documentation showing expense is not covered by insurance. Proof of ownership</td>
</tr>
</tbody>
</table>

Optional authorization to increase Federal Direct Subsidized and/or Unsubsidized loans:
If a budget increase is approved, I authorize University at Buffalo to process additional loan funds for the maximum amount.*

Student Signature: ____________________________ Date: ______________

*Additional applications may be necessary for (additional/increased) PLUS or private loans.
2023-2024 Budget Increase Request

Submit forms utilizing one of the options below. Note: email is not a secure form of communication, do not submit documents via email.

- Electronically via the Secure Document Upload Center - financialaid.buffalo.edu/forms/documentation-upload-center/. Submit your .pdf, .jpg, .jpeg, or .docx files with your UB Person Number included in the file name.
- Fax to 716-645-6566
- By mail to Financial Aid at 1Capen, Capen Hall, Buffalo, NY 14260

First Name: __________________ Last Name: ________________________ Person Number: ____________

I am requesting a budget increase for the following term:

☐ Summer (deadline July 15) ☐ Fall (deadline November 15) ☐ Winter/Spring (Deadline April 15)

Select the expense(s) and write the dollar amount for which you are requesting an increase.

☐ Bar Exam $ ____________  ☐ Books & Supplies: $ ____________
☐ Child/Dependent Care: $ ____________  ☐ Computer Purchase: $ ____________
☐ Conference Attendance: $ ____________  ☐ Disability Expenses: $ ____________
☐ Emergency Car Repair: $ ____________  ☐ Housing: $ ____________
☐ Medical Insurance: $ ____________  ☐ Out-of-Pocket Medical: $ ____________
☐ Residency Expenses: $ ____________  ☐ Study Abroad: $ ____________
☐ Transportation: $ ____________  ☐ Other: $ ____________

✓ Submit this page along with the supporting documentation requested in the instructions on pages 1 and 2. You do not have to submit the instruction pages.

✓ Write your UB Person Number at the top of each document.

Certification and Signature – Please handwrite your signature. Typed Signatures cannot be accepted.

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: ___________________

(Cannot be typed)