

Instructions

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.

Type of Allowance	Maximum Increase Allowable	Required Documentation
Books and Supplies	Actual cost minus current COA allowance	Syllabi from instructor listing required items Itemization of each expense and receipts
Child Care Childcare costs incurred for children under the age of 12 related to school attendance. Private school tuition and extracurricular activities for school age children generally are not considered.	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 For laptop/computer purchase. Tablets and iPads are not allowable. Increase will not be considered for optional software, cases, warranties, or other nonessential accessories.	\$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 Rent, Mortgage, or other living expenses such as food and utilities exceeding the living allowance during the academic year.	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.

Type of Allowance	Maximum Increase Allowable	Required Documentation
<p>Medical Insurance Coverage for the student only. Charges incurred for spouse and/or children may not be considered.</p> <p>Out of Pocket Medical/Dental Expenses Expenses for medically necessary procedures for the student not covered by insurance.</p>	<p>UB insurance- Actual amount as reflected on your student account.</p> <p>\$2500/academic year</p>	<p>Proof of denial of medical insurance waiver</p> <p>Documentation of medical insurance premiums.</p> <p>Receipts for care provided.</p> <p>Documentation from insurance company what portion of the bill will not be covered</p>
<p>Study Abroad Expenses</p>	<p>Amount estimated by Study Abroad Office</p>	<p>Proof of acceptance into program</p> <p>Itemized budget sheet provided by Study Abroad Office</p>
<p>Transportation It is assumed that students will rely on public transportation. The purchase of an automobile, car payments, insurance payments will not be considered.</p> <p>Emergency Auto Repairs For student vehicle only. Routine or standard maintenance may not be considered.</p>	<p>Actual cost minus current COA allowance \$2500/academic year</p>	<p>Google map showing miles traveled per trip.</p> <p>Documentation showing number of days required to travel.</p> <p>Documentation of purpose of travel</p> <p>Paid receipts showing repairs. Students name must be on receipt.</p> <p>For accident-related repairs, documentation showing expense is not covered by insurance. Proof of ownership</p>
<p>Other Educational Expenses not outlined above.</p>	<p>Actual cost minus current COA allowance</p>	<p>Statement explaining the need for required expenses directly related to your education. Submit proof of expenses that include the date of service within the current academic year.</p>

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.

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
- All Financial Aid forms require your legal name

First Name: _____ Last Name: _____ Person Number: _____

Part 1: Purpose-I am requesting a budget increase for the following term:

- Summer (deadline July 15)
 Fall (deadline November 15)
 Spring (Deadline April 15)

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

- | | |
|---|--|
| <input type="checkbox"/> Bar Exam \$ _____ | <input type="checkbox"/> Books & Supplies: \$ _____ |
| <input type="checkbox"/> Child/Dependent Care: \$ _____ | <input type="checkbox"/> Computer Purchase: \$ _____ |
| <input type="checkbox"/> Conference Attendance: \$ _____ | <input type="checkbox"/> Disability Expenses: \$ _____ |
| <input type="checkbox"/> Emergency Car Repair: \$ _____ | <input type="checkbox"/> Housing: \$ _____ |
| <input type="checkbox"/> Medical Insurance: \$ _____ | <input type="checkbox"/> Out-of-Pocket Medical: \$ _____ |
| <input type="checkbox"/> Residency Expenses: \$ _____ | <input type="checkbox"/> Study Abroad: \$ _____ |
| <input type="checkbox"/> Transportation: \$ _____ | |

Other Expenses: Please list other expenses you would like us to consider.

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)