

**Special Circumstance:
2024-2025 Dependent Student Budget Increase Request**

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

Form submission: 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

Instructions:

Complete the form, attach all required documentation and submit through the Document Upload Center. Incomplete requests will delay processing.

Documentation Required:

1. Completed Budget Increase form
2. All relevant receipts and or invoices
3. Signed personal statement of why this increase is necessary.

Note: Submitting a Budget Increase does not guarantee approval and additional documentation may be required.

Student Information

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

Purpose:

I am requesting a budget increase for the following term (s):

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

Emergency Car Repair		Books & Supplies	
Medical Insurance		Computer Purchase	
Out-of-Pocket Medical		Housing:	
Transportation		Study Abroad	

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 attest that I have reviewed the standard COA for my academic level and have attached all required documentation. 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 because of the updated information that I have provided.

Student Signature: _____ Date: _____
(Cannot be typed)