

Cost Of Attendance (Budget) Re-Evaluation

2016-2017

Type or write in **BLACK ink. DO NOT use pencil.**

I wish to be considered for additional: (Grant funds will be automatically awarded IF eligibility is verified AND funds are available)			
<input type="checkbox"/> Federal/Institutional Aid <input type="checkbox"/> Private Loan <input type="checkbox"/> Other _____ OR <input type="checkbox"/> I am submitting this re-evaluation to clear an overaward			
LAST NAME:	FIRST:	MI:	STUDENT ID #:
LOCAL ADDRESS:			
PHONE:		E-MAIL:	
<input type="checkbox"/> ARIZONA ASSURANCE <input type="checkbox"/> GATES <input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> NURSING <input type="checkbox"/> GRAD ELLER <input type="checkbox"/> UA Online Campus			

This form has been designed to allow you to provide information regarding your current Cost of Attendance (COA). The items listed below are included in the standard academic year (Fall + Spring = 9 months) COA used at the University of Arizona. If the COA reported on your award notification does not appear to adequately meet your expenses, complete all of the sections below for educational costs incurred during the academic period you will attend. We **cannot** increase your Cost of Attendance due to **credit payments** due to **consumer debt**.

Any changes to financial aid awards will be contingent on the type of funds available and eligibility policies and regulations. Keep in mind that the majority of Cost of Attendance Re-Evaluations typically increase loan eligibility only. Allow up to **four weeks** for processing. This timeframe may vary depending on the time of the year and volume of requests our office receives. Failure to provide supporting documentation will delay processing. **Before submitting this form, please review your specific COA on your UAccess Student Center to ensure that your listed expenses exceed your standard budget.**

Student Spousal Information

- I am NOT married
 I am married (complete information below)

Spouse's Full Name: _____

- Spouse is a UA student Spouse's UA Student ID: _____
 Spouse is NOT a UA student

OSFA may request documentation such as photocopy receipts and/or estimates for housing/food costs after initial review.

COSTS	DESCRIPTION	COST
Housing/Food:	Rent: If you have a roommate, report only <i>your</i> share, <i>only</i> if amount exceeds \$625/mo UGRAD or \$700/mo GRAD.	\$ _____ /MO
	Utilities: Your share of electricity, gas, water, Internet, trash pick-up <i>only</i> if amount exceeds \$450/mo UGRAD or \$177/mo GRAD.	\$ _____ /MO
	Food: Your monthly share <i>only</i> if amount exceeds \$300/mo UGRAD or \$400/mo GRAD.	\$ _____ /MO

All items below **REQUIRE** documentation such as photocopied receipts. You may attach a personal statement along with the documentation. Please indicate if the expense is per month (MO), semester (SEM), or year (YR) by circling one of the choices.

Books/Supplies:	Only if amount exceeds \$400 per semester. We will automatically increase your books/supplies for additional units taken beyond 12 units.	\$ _____ MO/SEM/YR
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Administration Building · Room 208
 P.O. Box 210066, Tucson, AZ 85721-0066
 TEL: 520.621.1858 · FAX: 520.621.9473
 financialaid.arizona.edu

Transportation:	Provide an <u>itemized list</u> of ALL expenses (maintenance/repair, gas, bus pass, license, insurance, and parking) if amount exceeds \$150/MO UGRAD or \$200/MO GRAD. <u>Do not include car payments.</u>	\$	MO/SEM/YR
Miscellaneous:	Personal Expenses: May include phone/cell costs, clothing/laundry, toiletries, personal grooming, etc. Cell phone costs must exceed \$80/MO.	\$	MO/SEM/YR
This category is for the student only and does not take into consideration expenses for a student's spouse and/or dependents.	Personal Medical Insurance: Dependent students: If not covered by parent's insurance policy and amount exceeds \$255/MO. Graduate students already have \$2,300/YR built into their COA.	\$	MO/SEM/YR
	Personal Medical/Dental Expenses: May include medical, dental, optical prescription expenses NOT covered by insurance (do not include insurance premiums).	\$	MO/SEM/YR
Computer Expenses:	You may request a one-time increase for computer expenses, including software or hardware upgrades. Provide a photocopy of proof of purchase (containing date and amount of purchase).	\$	
Conference Attendance:	Graduate Students: You may request an increase for conference attendance that supports your program of study. Include documentation of your registration fee. Travel expenses may be considered on a case-by-case basis; include documentation.	\$	

CHILDCARE: Childcare may be added to your budget if you incur these costs in order to attend school. Have your day care provider(s) or babysitter(s) complete the statement below. * (Please include only the portion that you are responsible for paying.)	
Name(s) of children:	Age(s):
Name of provider/babysitter:	Phone:
Address:	
Signature of provider/babysitter:	\$ COST /MO
*If you have multiple child care providers, please submit the information above on a separate sheet for each provider.	

STUDENT CERTIFICATION	
I certify that the information on this Cost of Attendance Re-Evaluation is accurate to the best of my knowledge.	
Student Signature	Date