UNIVERSITY OF ILLINOIS AT CHICAGO — Office of Student Financial Aid 1200 W. Harrison St., M/C 334 - Chicago, IL 60607-7163 - Phone: (312) 996-3126 Document Fax Line: (312) 996-3385

## 2016-2017 Request for Budget Adjustment

Section A – Student Information	tion (Please print clearly)
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Last Name	First Name	M.I.		Email
Street Address		City	State	Zip Code
2. Please submit a			ions and the form mu	ust be <u>SIGNED</u> .
reflect your current submitted, your fina restrict eligibility for	situation, you may be ancial aid eligibility cha	eligible to have your COA nges, you will be notified ore if your request is appl	A re-evaluated. If upo accordingly. In addi	ard notification do not accurately on review of the documentation tion, annual and aggregate loan limits reached your loan limits, only your
<ol> <li>The date of servand spring 2017 May 2017 - Aug</li> <li>Please submit a honored. Sumn expenses are di</li> </ol>	vice or purchase must of terms the dates are A ust 2017. Computer pull budget adjustment rener term requests shout inded equally if the study.	occur during the 2016/17 ugust 2016 - May 2017. urchases may occur threequests for the fall and sp	academic year. For For those enrolled in e months prior to the pring terms at one time ly between April 201 pmmate(s).	or a parent if the student is dependent, those enrolled during the fall 2016 the summer 2017 term, the dates are 2016/17 academic year. The as multiple requests will not be 7 and June 2017. Note: Monthly
A. Person of atten whicher UIC. If laptop a Docum specific be hand	nal computer. The studence will be increase ver is less. A student is the OSFA has been not and your cost of attendentation required: Copeally was purchased (i.ed-written if not on recei	dent must first purchase d is equal to the actual cos eligible to receive only obtified by the academic dance already reflects a copy of official receipt which e. hardware, software, etc. pt) who made the purcha	the computer. The nost of the computer hone adjustment for a epartment that your pomputer expense, you clearly indicates the c.). The receipt must se(s) and their relations	naximum amount that a student's cost ardware and software, or \$2,000, computer during his/her tenure at program requires the purchase of a pur request cannot be approved.  date of the purchase and what indicate the name of the person (may onship to you, if the purchaser is not onsidered to be an eligible purchaser.
These reasons on your <u>Transc</u>	expenses include spec ably incurred and not p Federal income tax re ript and proof of payme	ial services, personal ass rovided by other agencie turn, your request canno	sistance, transportations. If you have alread t be approved. <u>Docu</u>	be included in the cost of attendance. on, equipment, and supplies that are dy claimed these items as a deduction mentation required: 2015 Tax is (please total amounts).
ENTER YOUR	9-DIGIT UIN			

## 2016-2017 Request for Budget Adjustment

C.	listed on your financial aid awar be adjusted. Such adjustments REASONABLE and are already adjustment to be considered, you spend more in one area, but I provide a monthly budget of you the amount allocated in your cost signed lease detailing your cost expenses, you will need to show amounts) for at least three months.	rd notification of a notificat	Miscellaneous Personal. If the cumulative amount on does not reflect your current situation, your cost of attendance must on recent cost of living data for the Chicago area. From the cost of living data for the Chicago area. From the cost of living data for the Chicago area. From the cost of living data for the Chicago area. From the cost of living data for the Chicago area. From the cost of living data for the Chicago area. From the cost of the	of attendance may be considered or such an ries as you may is by 20%. Please expenses exceed ed to provide a personal" is (please total				
D.								
	are (Only need to complete		•					
	our current martial status: ( ) s	Age	) Married ( ) Separated/Divorced  Monthly Babysitting/Daycare Costs	Number of Months*				
	of months you will be paying child ' – August 2017) would need to be		g the 2016/17 academic year (August 2016 - May 20 te request.	017). Summer term				
Certification of child care provider  I, the undersigned, certify that the information listed above (name of legal dependents, ages, costs and number of months is correct).								
Signature	e of child care provider		Telephone number					
Section	C – Statement of Certifica	tion						
	Clearly print UIN on even     Include all appropriate	ery page o signature	S.					
I certify that the information provided on this form and any attachments are true and correct.								
Student S	ignature:		Date:	<del></del>				
	ENTER YOUR UIN -							

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