5200 N. Lake Road Merced, CA 95343 Phone: 209-228-7178

financialaid.ucmerced.edu/contact\_us

## 2023-2024 Cost of Attendance Adjustment

Student UCM ID			
Student Full Name First Name		Last Name	M.I.
Section A: Instructions			
Use this form to request an increase to available. We will notify you of our dec		get. If approved, additional loan fund	s will be the only funding
<b>Step 1</b> . <b>Review average Student Ex</b> have exceeded the budgeted allotme		ncialaid.ucmerced.edu under Cost. Det ring the academic year.	ermine whether you
Step 2. Attach a written appeal sta	iting the additional exp	enses you are documenting and why.	
Step 3. Provide copies of all require	d documents and rece	ipts.	
Section B: Student Expenses List the amount of the expense you are the back of this form.	e claiming below. See th	ne list of allowable expenses and requ	uired documentation on
1. Computer			
2. Housing/Utilities			
3. Medical/Dental/Optical			
4. Transportation			
5. Disabled Student Allowance			
6. Books and Supplies			
Section C: Loan Increase Requ	est		
I will accept up to \$	of additional	loan funds. Specify dollar amount or	"maximum".
Section D: Student Certification	on		
I hereby declare that all information re knowledge. I understand that any false or repayment of financial aid and refer	statement or misrepre	esentation will be cause for denial, red	
Student Signature	 Date		



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Expense Categories	Documentation Required
1. Computer	· Invoice or documentation showing cost of computer
	Maximum request is \$1,200 one time in undergraduate years
2. Housing/Utilities	· For your share of rent expenses, submit a copy of lease or rental agreement or letter from landlord with copies of 3 months of cancelled checks.
	· For utility expenses, submit copies of 3 months of utility bills specifying your portion. Allowable utility expenses are: heat/electric, telephone, cable, water/sewer. and internet.
	Parking and security deposits are not allowable costs.
3. Medical, Dental, and Optical	· For medical expenses, attach bills from the doctor and/or provider of services and an Explanation of Benefits statement from your insurance provider that shows your remaining out of pocket costs after insurance pays.
	· For medication, optical, or dental expenses, attach receipt(s) or a bill that indicates the expense was not covered by insurance.
	Estimates will not be accepted.
4. Transportation	· For major car repairs (beyond regular maintenance and normal wear and tear), attach dated paid receipt(s) that were paid by you.
	<ul> <li>For transportation costs required by an academic program, employment, or other reasons directly related to educational needs attach a supporting statement from academic advisor or employer.</li> </ul>
	Estimates will not be accepted.
5. Disabled Student Allowances	· For expenses related to a student's disability, submit documentation showing the cost.  Allowable expenses are: special services, personal assistance equipment and supplies that are reasonably incurred and not provided for by any other agency
	· For the cost of cognitive testing, submit documentation from disability services and the clinician performing the test.
6. Books and Supplies	· For the cost of books, submit a list of your courses and the required books and receipts showing the cost.
	· For special equipment, submit all related receipts and an explanation why these items are required.