

## 2019-2020 Cost of Attendance Adjustments

| Name:  | ON A. STUDENT INFORMATION   | UNT Assigned ID:                                     | SSN (last 4 digits only):   |
|--|---|--|---|
| SECTION B: TYPE OF ADJUSTMENT REQUESTED  |   |  |   |
| Select the Cost of Attendance adjustment you are pursuing and attach the required documentation indicated below:   |   |  |   |
|  |   | reimbursed by other age                              | ems required for student to attend and complete encies. Must include receipts of expenses.  |
|  | the license or certificate is required by   | a state or required to pr                            | Letter from department indicating the purchase of actice or be employed in their profession and te. Expenses must be for 2019-2020 academic   |
|  | department or professor indicating the  | purchase of the instrume eccipts of expenses for the | Required documentation: Letter from ent or other item(s) is required for student to be ne purchase of instrument or item(s). Expenses   |
|  | increase, a paid receipt or detailed esti<br>department for the student to be succe | mate must be submitted ssful in their program, a     | reer). Required documentation: For standard If special computer/equipment is required by the letter from the department or professor indicating id receipt or detailed estimate. Expenses must be |
| SECTION C: CERTIFICATION   |   |  |   |
| By signing this form, I certify that this form and all required documentation is complete and accurate. I also certify that these expenses are needed for me to be successful in my academic program. I understand that a request may be denied or limited for any reason and additional documentation may be needed from me. <b>Electronic signatures are not accepted.</b> |   |  |   |
| Stuc   | dent Signature  | Date   |   |
| X  |   |  |   |
|  |   |  |   |