

2016-2017 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:			
		inreimbursed by other ag	items required for student to attend and complete encies. Must include receipts of expenses.
	Professional License or Certificate. Required documentation: Letter from department indicating the purchase of the license or certificate is required by a state or required to practice or be employed in their profession and receipts of expenses for the purchase of the license or certificate. Expenses must be for 2016-2017 academic year.		
		e. Student only. Expense	ntation: Receipts of incurred expenses or proof es must be for 2016-2017 academic year. Cost of
	department or professor indicating th	ne purchase of the instrumereceipts of expenses for t	s. Required documentation: Letter from nent or other item(s) is required for student to be the purchase of instrument or item(s). Expenses crease cannot exceed \$4500.
	Purchase of a computer required by department. Required documentation: Letter from department or professor indicating the purchase of the computer is required for student to be successful in academic program and receipts of expenses for the purchase of the computer. Expenses must be for 2016-2017 academic year. Cost of Attendance increase cannot exceed \$3000.		
			ntation: None. One-time consideration during the of Attendance increase cannot exceed \$1000.
SECTION C: CERTIFICATION			
I certify that all the information contained on this form is complete and correct. I understand that I must sign and return this form for my financial aid to be processed. Electronic signatures are not accepted.			
Stuc	lent Signature	Date	
<u>X</u>			