

2018-2019 Cost of Attendance Adjustments

Name:	ON A. STUDENT INFORMATION	UNT Assigned ID:	SSN (last 4 digits only):
SECTION	ON B: TYPE OF ADJUSTMENT REQU	IESTED	
Select the Cost of Attendance adjustment you are pursuing and attach the required documentation indicated below:			
		reimbursed by other ago	tems 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 ractice or be employed in their profession and ite. Expenses must be for 2018-2019 academic
		es or proof of deposit pa	ired documentation: Written explanation of aid that is not covered by insurance. Student only.
	department or professor indicating the	purchase of the instrum	s. Required documentation: Letter from the tent or other item(s) is required for student to be the purchase of instrument or item(s). Expenses
	increase, a paid receipt or detailed estindepartment for the student to be success	mate must be submitted sful in their program, a	reer). Required documentation: For standard . If special computer/equipment is required by the letter from the department or professor indicating aid 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. Electronic signatures are not accepted.			
Stuc	dent Signature	Date	
<u>X</u>			