2015-2016 BUDGET INCREASE REQUEST
Review begins after June 1, 2015

Student’s Name _______________________________  Student ID Number:___________________

Phone#______________________________________  Email______________________________

The Cost of Attendance is determined within federal guidelines and includes items such as tuition, fees, room and board, books and supplies, transportation, and personal expenses. Additional items which may be considered in adjusting the Cost of Attendance include child care expenses for the student’s dependent children, expenses to meet the needs of students with disabilities, and other extraordinary education-related expenses which may not been included in the standard Cost of Attendance determination.

A. Child Care Expenses – may be considered for periods of time during which a student is in class, studying, doing field work, participating in an internship and/or commuting to or from school.
   1. Indicate the number of hours per week for which you need child care. Include only the hours that child care is required as a result of your school schedule. (Do not include hours of child care required as a result of your employment and/or the employment or school schedule of your spouse).   __________/hours per week
   2. Identify the cost per hour that you pay for child care.   $________/hour
   3. Provide the number of children for whom you pay child care expenses.   _______child(ren)
   4. Attach receipts for payments and/or a contract for child care services as documentation.

B. Expenses for Student with Special Needs – may be considered if the student has those expenses as a direct result of school attendance and the disability.
   1. Please itemize and be as specific as possible. If you need additional space, continue on a separate sheet of paper.

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost per School Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   2. I certify that all of these expenses are incurred as a direct result of my attending the University of Pittsburgh and that no other social services or health care agency—such as the Office of Vocational Rehabilitation—assists me in meeting these expenses.

C. One-Time Computer Purchase
   1. Date purchased   ____/____/____
   2. Total cost of computer system   $________________
   3. Attach detailed receipts of purchase as documentation.

D. Other extraordinary education-related expense – may be considered if the student has those expenses as a direct result of school attendance. Please provide written explanation of expenses and receipts of purchase.

I understand that adjusting my Cost of Attendance will not increase my eligibility for grants, scholarships, or other campus-based aid. It may, however, enable me to receive additional funding through outside scholarships or various lending institutions. All the information on this form and the supporting documentation are true and complete to the best of my knowledge. I do understand that if I purposely give false or misleading information that I may be subject to a fine, imprisonment, or both. If any of the figures used on this form change, I understand that it is my responsibility to contact the Office of Financial Aid in writing with the corrected information.

Student’s Signature_____________________________  Date______________________________

Form ID: F16COI