2015-2016 Request for Cost of Attendance Budget Increase

Name: ____________________________  WSU ID #: __________________  Yr in Med School: ________

Date: _______________  Phone: (_____)________________________  Email: ___________________________

- Use this form for: One-time Computer Purchase; Uninsured Emergency Car Repairs; Uninsured Medical/Dental Bills; Disability Related Expenses; or other Unanticipated Educational Expenses.

- You may request an increase to your Cost of Attendance for education-related expenses incurred during the academic year that have not already been included. A Financial Aid Administrator reviews requests on a case-by-case basis. Supporting documentation must be provided before a request can be considered. The Financial Aid Administrator has the right to deny any request.

- Please indicate below the type of request and attach appropriate documentation.

☐ Computer Purchase: You may request a one-time Cost of Attendance budget increase for the purchase of a computer or laptop and required software. You may not include printers, warranties, or other non-essential components. Attach a “paid in full” receipt or invoice/statement in your name from the place of purchase that lists itemized components and costs.

☐ Uninsured Medical or Dental Expenses: Attach itemized receipt(s) for treatment and costs, date of service, and proof of payment or a letter from the treating physician/dentist listing services needed and expected costs.

☐ Uninsured Emergency Car Repairs: Transportation or maintenance already accounted for in the Cost of Attendance cannot be included. Attach itemized receipt(s) in your name with your vehicle information, date of service, work performed, and cost.

☐ Disability Related Expenses (special equipment/supplies/books): With your itemized receipt(s), attach authorization from your counselor or the Assistant Dean of Student Affairs.

☐ Other Unanticipated Educational Expenses: Attach an explanation and appropriate documentation.

Total Cost of Attendance increase requested: $ __________________

By submitting this document, I am also authorizing WSU to increase to my Federal Direct Unsubsidized Loan/Process my Grad PLUS Loan application to the highest amount possible. I understand that to increase the amount of a Federal Direct Grad PLUS Loan, I may be required to complete an application on StudentLoans.gov.

Signature: ____________________________  Date: ____________________________

Revised 05/2015