

REQUEST FOR COST OF ATTENDANCE BUDGET INCREASE OUT OF POCKET MEDICAL/DENTAL EXPENSES

Student Name: _____ Student Number : _____

You may request to increase your Cost of Attendance budget and apply for additional loans to assist with medical/dental expenses, not covered by insurance and paid out of pocket, that were incurred during periods of enrollment at the University of St. Thomas.

Procedures :

- Contact the Graduate Financial Aid Office to discuss your current Cost of Attendance budget to determine if completing this form would create additional loan options for you.
- Complete this form.
- Attach requesting an increase to your Cost of Attendance budget.

I understand that by submitting this form I am requesting the Financial Aid Office to increase my Cost of Attendance budget. I understand that this form is not a loan application and that it is my responsibility to contact the Financial Aid Office to discuss the options available to me as a result of a budget increase. I also understand that misrepresentation of facts in connection with this form may be sufficient cause for cancellation or repayment of my financial aid.