

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.
- Attare requesting an increase to your Cost of A. C2 ()11.3 Cuu(s)-5.7 8fcontact the Financial Aid Office to understand that misrepresentation of facts in connection with thi s form may be sufficient cause for cancel or repayment of my financial aid .

Student Signature: _____ Date: _____