2015-16 Student Budget Increase Request – Law

Name _______________________________   UCI ID Number________________
E-mail: _______________________________   Phone Number: _______________

- Any additional need resulting from your increased costs will be met through the Direct Loan Program (for students or parents) or an alternative loan.
- The funds to cover additional expenses are disbursed each term.
- Please allow 10 days for a response. You will be notified via e-mail.

The following are allowable expenses for a student budget increase. Please indicate the type of expense you have incurred and complete the requested information in the table below.

- **Computer** up to $2000 (hardware, basic software, monitor, printer, warranty/service agreement)
  - Approved only once during a student’s tenure at UCI.
  - Requests for a computer budget increase will be considered for purchases made on or after July 1, 2015.

- **Medical/Dental/Optical** (not covered by insurance)
  - Submit health care provider’s billing statements indicating cost, date of treatment, amount paid and any insurance payment or credit.

- **Emergency Car Repair**

- **Other**

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<tr>
<th>Specific Budget Item or Expense</th>
<th>Amount</th>
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<td>Estimated/Actual Total:</td>
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- **Child-care expenses** (Up to nine months’ maximum will be allowed.)

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<tr>
<th>Child-Care Provider</th>
<th>Phone Number</th>
<th>Monthly Amount</th>
<th>Name of Child</th>
<th>Relationship to You</th>
<th>Age of the Child</th>
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**Required Documentation:**
Attach receipts, cancelled checks, or billing statements that show proof of payment.

I certify that the information and documentation provided is true and complete, and should I have any changes, they will be reported in writing to the Office of Financial Aid and Scholarships.

Student Signature: ___________________________ Date: ______________________

The State of California requires that you be told the following: Federal student loans are available to most students regardless of income and provide a range of repayment options including income-based repayment plans and loan forgiveness benefits, which other education loans are not required to provide.

**Financial Aid Office Use Only:**
Total approved for budget addition: $___________ Staff Initials: ______ Date Processed: ________________ 5/1/2015