

UC Irvine School of Law 401 E. Peltason Drive, Irvine, CA 92697-8000

Total approved for budget addition: \$_

Phone: 949-824-8080 FAX: 949-824-5848

07/10/2015

Computer up to \$2000 (hardware, basic software, monitor, printer, warranty/service agrilled increase or after July 1, 2019. Medical/Dental/Optical (not covered by insurance) Submit health care provider's billing statements indicating cost, date of tamount paid and any insurance payment or credit. Emergency Car Repair Other Child-Care Provider Phone Monthly Name of Child Relationship Number Amount Number Amount Student plays Number Amount Number Number Number Number Number Number Number Number	Program (for ense you reement)			
Any additional need resulting from your increased costs will be met through the Direct Loan I 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 incurred and complete the requested information in the table below. Computer up to \$2000 (hardware, basic software, monitor, printer, warranty/service ago expenses for a computer budget increase will be considered for purchase or after July 1, 2019. Medical/Dental/Optical (not covered by insurance) Submit health care provider's billing statements indicating cost, date of the amount paid and any insurance payment or credit. Emergency Car Repair Other Specific Budget Item or Expense Amount \$ Estimated/Actual Total: Child-Care expenses (Up to nine months' maximum will be allowed.)	Program (for ense you reement)			
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Approved only once during a student's tenure at UCI. Requests for a computer budget increase will be considered for purchase or after July 1, 2019. Medical/Dental/Optical (not covered by insurance) Submit health care provider's billing statements indicating cost, date of the amount paid and any insurance payment or credit. Emergency Car Repair Other Specific Budget Item or Expense	·			
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Number Amount to You \$				
	Age of the Child			
5				
Required Documentation: Attach budget worksheet, receipts, cancelled checks, or billing statements that show proof of paymer I certify that the information and documentation provided is true and complete, and should I have ar they will be reported in writing to the School of Law Student Financial Services.	nt.			
udent 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 prorepayment options including income-based repayment plans and loan forgiveness benefits, which other education loans are not required to prov				

Staff Initials: _

Date Processed:



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Types Of Allowance	Amount Included in the Standard Budget	Maximum Allowable Add-On	Documentation Required
Rent, mortgage, utilities (Off Campus)	\$25,010	\$2,910 Per Academic Year	Copy of signed lease, copies of utility bills.
Rent, utilities (On- Campus)	\$13,917	\$3,500 per Academic Year	Copy of signed lease.
Transportation, Includes only local vehicle expenses (car repair/maintenance/gas) and public transportation	\$2,991	Commuter - \$385 per Academic year On- campus \$200 per Academic year	Itemization of per month calculated cost. Calculated at \$0.445 per mile plus cost of UCI commuter parking (not reserved).
Car Repair		Up to \$2,000	Receipt or itemized list of repairs including date of repairs. Documentation from student on use of car (commuter student, off campus job, etc.)
Personal Computer		Up to \$2,000	Receipt or order form for the computer.
Necessary dental/medical not covered by the insurance		Up to \$3,250 per Academic year	Copy of billing statement date of type of treatment. Billing statement must indicate the amount paid by insurance.
Out-of-pocket expenses for the purchase of mandatory health insurance for a dependent student		Actual Cost	Copy of a billing statement or a statement from the insurance carrier that documents the cost of insuring the student and the dependents.
Relocating Expenses		Up to \$2,300	Copy of billing statement or cancelled checks.
Childcare Expenses		Age Amount: 0-2 \$675/month 3-5 \$510/month up to 12 \$295/month	Receipt from care provider. Documentation indicating child age amount of coverage (full or part time) and amount paid monthly.

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