



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

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

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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 copies of receipt(s) documenting expenses that have been paid out of pocket, not covered by insurance.
- Submit all information to the Financial Aid Office.

Please note, the documentation must show expenses paid during the same period of enrollment you are requesting an increase to your Cost of Attendance budget.

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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.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Original Signature Required)

Submit this form to:  
Mail, fax, or deliver to: University of St. Thomas | Financial Aid Office, Mail 5007 | 2115 Summit Ave. | St. Paul, MN 55105  
Or deliver to: Graduate Financial Aid Office | Terrence Murphy Hall 251 | 1000 LaSalle Ave. | Minneapolis, MN 55403  
Phone: 651-962-6550 | Fax: 651-962-6599

Financial Aid Office Use Only:		Aid Year: _____
___ Approved	___ Denied	Amount: _____ Comments: _____
FAO Signature: _____		Date: _____