

102 Administration Building  
Irvine, CA 92697-2825  
(949) 824-8262

**2006-07**

**Request for a Student Budget Increase**

Student Name: \_\_\_\_\_ UCI ID: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

- Requests for a student budget increase will be considered for purchases made after September 1, 2006
- The funds to cover additional expenses are disbursed quarterly.
- Any additional need from your increased costs will be normally met through the Direct Loan Program (for students or parents) or an alternative loan.
- Allow 2 to 4 weeks 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)
  - *Approved only once during a student's tenure at UCI.*
- Medical/Dental/Optical** (not covered by insurance)
- Emergency Car Repair**
- Other**

Specific Budget Item or Expense	Amount
	\$
	\$
	\$
Estimated/Actual Total:	\$

- Child-care expenses** (Up to nine months maximum will be allowed.)

Child-care provider name and phone number	Monthly Amount	Name of Child	Relationship to You
	\$		
	\$		
	\$		

**Required Documentation:**

- Attach receipts, cancelled checks, or billing statements that show proof of payment.
- For medically-related expenses provide health care provider's billing statements indicating cost, date of treatment, amount paid and any insurance payment or credit.

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: \_\_\_\_\_

**Financial Aid Office Use Only:**

Total approved for budget addition: \$ \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Date Processed: \_\_\_\_\_