2011-12 Request for Student Budget Increase

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)
  - Approved only once during a student’s tenure at UCI.
  - Requests for a computer budget increase will be considered for purchases made after September 1, 2011 (August 19, 2011 for Law School students).

- 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

<table>
<thead>
<tr>
<th>Specific Budget Item or Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child-care expenses</td>
<td>$</td>
</tr>
<tr>
<td>Estimated/Actual Total</td>
<td>$</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Child-care provider</th>
<th>Phone Number</th>
<th>Monthly Amount</th>
<th>Name of Child</th>
<th>Relationship to You</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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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: ______________________