2012-13 Student Budget Increase Request

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, 2012.

- **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></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</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>
<td></td>
<td>$</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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: ______________________

Financial Aid Office Use Only:
Total approved for budget addition: $___________ Staff Initials: ______ Date Processed: ________________ 9/2012