2014-15 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, except in limited cases for the purchase of mandatory health insurance.
- 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 $2,000 (hardware, basic software, monitor, printer, warranty/service agreement)
  - Approved only once during a student’s tenure at UCI.
  - Requests for a computer budget increase will be considered for purchases made on or after July 1, 2014.
- **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**
- **Purchase of mandatory health insurance (dependent undergraduates only)**
  - Submit a billing statement or a statement from the insurance carrier that documents the cost of your insurance coverage. If the insurance is purchased through an employer, include a check stub/earnings statement plus documentation of the differential charged for your inclusion in the coverage. If you are covered on your parent's policy through “family” coverage, or its equivalent, and your parent does not incur an additional out-of-pocket expense for insuring you, then your cost will not be included. The maximum budget increase will equal the actual cost up to the USHIP premium charged students for the year.
- **Other**

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<th>Specific Budget Item or Expense</th>
<th>Amount</th>
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<td><strong>Estimated/Actual Total:</strong></td>
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- **Child-care expenses** (Up to nine months’ maximum will be allowed.)

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<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>
<th>Age of the Child</th>
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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: ______________________

The State of California requires that you be told the following: Federal student loans are available to most students regardless of income and provide a range of repayment options including income-based repayment plans and loan forgiveness benefits, which other education loans are not required to provide.

Financial Aid Office Use Only:
Total approved for budget addition: $___________ Staff Initials:______ Date Processed: _______________ 3/27/2014