



Office of Financial Aid  
 Room 110 University West  
 Victoria, TX 77901-5731  
 Ph. 361-570-4125 Fax: 361-580-5555  
 Email: [finaid@uhv.edu](mailto:finaid@uhv.edu)

**2015-2016 Request to Change the Cost of Attendance**  
 Deadlines: Fall – November 15, 2015 | Spring – April 1, 2016

Student's Name \_\_\_\_\_ UHV ID#: \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

You have notified the Financial Aid Office that you have special circumstances which your current estimated cost of attendance does not cover. To determine if adjustments can be made to your set cost of attendance, please contact your Financial Aid Specialist first before completing the appropriate sections below and return this form with the applicable documentation. **Submission of documentation does not guarantee a cost of attendance adjustment will be warranted.**

- You may only be eligible for additional Direct Student Loans and other grants.
- We are unable to make changes to your cost of attendance and revise aid for a term that has already ended.
- This form can only be used to change the cost of attendance and is not used to change data listed on the Free Application for Federal Student Aid (FAFSA).
- All documents must have your UHV ID number on them.

**A detailed narrative of the reason(s) for your request to adjust your set cost of attendance is required for all requests. Additional documentation may be requested.**

**Check Appropriate Term and Reason**

Term(s):       Fall 2015/Spring 2016                       Summer 2016

- A. Computer Purchase**
- The receipt of the computer you have purchased or a dated printout of the computer you are planning to purchase.
    - Computer purchase is a **one-time** adjustment for your **ACADEMIC CAREER**.
    - Adjustments can only be made for a "reasonable" amount. ("Reasonable" amount is up to **\$750**).
- B. Dependent care/Child care expenses**
- Copies of receipt(s)/contract indicating monthly payment amount.
- C. Other: (Description):**
- Please talk with a Financial Aid Specialist.

**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**For Financial Aid Office Use Only:**

\_\_\_\_\_ Approved      \_\_\_\_\_ Denied      Date: \_\_\_\_\_ F.A. Specialist: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

State law requires that you be informed of the following: (1) with few exceptions, you are entitled on request to be informed about the information the University collects about you by use of this form; (2) under sections 552.021 and 552.023 of the Government Code, you are entitled to receive and review the information; and (3) under section 559.004 of the Government Code, you are entitled to have the University correct information about you that is incorrect.