



2019-2020 Cost of Attendance Increase Request

Last Name	First Name	HU ID	
Address (include apt. no)	City	State	Zip
Email Address		Contact Number	

The Cost of Attendance allows students to increase their budget in order to include unforeseen expenses. All expenses must occur during the current academic year while attending Howard University and must be documented. Mark the appropriate situation and ensure that you have completed all the requirements.

I. Cost of Attendance Type: Select the appropriate item(s) and attach all required documentation

<input type="checkbox"/>	Computer Purchase - The cost of purchasing a computer may be added to the student's budget only one time per academic career and may not exceed \$2,000. Required Documentation: (1) typed and signed statement of your situation (explain the need/use of the computer); (2) purchase receipt or documented proof of payment; and (3) if approved you will need to complete an Award Adjustment Form to increase your loan amounts.																				
<input type="checkbox"/>	Expenses related to Residency Interviews (Medical Students) Required documentation: (1) typed and signed statement including all the travel costs related to your residency programs, (2) attach invitations to residency programs for which you were invited to interview; (3) if approved you will need to complete an Award Adjustment Form to increase your loan amounts																				
<input type="checkbox"/>	Child or other dependent care expenses Do you pay for child or adult care expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Complete the table below (if more space is needed, attached a separate sheet):</i>																				
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">Name of Child/Dependent</th> <th style="width:10%;">Age</th> <th style="width:20%;">Relationship to You</th> <th style="width:20%;">Does the person live with you full time?</th> <th style="width:15%;">Total Cost for Academic Year</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Name of Child/Dependent	Age	Relationship to You	Does the person live with you full time?	Total Cost for Academic Year															
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Required documentation: (1) typed and signed statement explaining the situation in detail (including days of the week needed for dependent care, hours per week and total hours.); (2) typed and signed statement on professional letterhead from the care provider including name, phone number, expected care days and hours, total number of hours per week and cost, total cost expected for the year; (3) copies of receipts, checks, etc.																					

II. Certification

I certify that the information I have provided is accurate and complete, and I understand that any false information may be cause for denial, reduction, and/or immediate repayment of all aid. I understand that purposely submitting false or misleading information on this worksheet may lead to fines, sentencing to jail, or both.

Signature	Date
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For Office Use Only:	
Received by:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending FAA Initials: _____ Date: _____	