



2016-2017 Cost of Attendance Adjustment Request (Child Care Expenses)

Student First Name: _____ Student Last Name: _____ ID: _____
DOB: ____/____/____ Primary Phone #: (____) _____-____ Secondary Phone #: (____) _____-____

Childcare Expense Information

Number of your children age 13 and under in childcare: _____

Table with 4 columns: Child's Name, Child's Age, Monthly Amount Paid for Childcare, Number of Months in Childcare. Contains 7 empty rows for data entry.

NOTE: Changing a student's cost of attendance does not increase Pell Grant eligibility.

Please indicate financial aid program that you intend to get increased/adjusted _____.

(Student's Signature) (Date)

Please submit to either of the following UTRGV locations:

Table with 2 columns: The Tower, Main 1.100 One West University Blvd. Brownsville, Texas 78520 Ph: (888) 882-4026 Fax: (956) 882-8229; Visitors Center 1.113 1201 West University Drive Edinburg, Texas 78539 Ph: (888) 882-4026 Fax: (956) 665-2392

For Office Use Only: Processed by: _____ Date: _____