

## 2018-2019 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: \_\_\_\_\_

<i>Child's Name</i>	<i>Child's Age</i>	<i>Monthly Amount Paid for Childcare</i>	<i>Number of Months in Childcare</i>

*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:**

<b>The Tower, Main 1.100            One West University Blvd.            Brownsville, Texas 78520            Ph: (888) 882-4026            Fax: (956) 882-8229</b>	<b>Visitors Center 1.113            1201 West University Drive            Edinburg, Texas 78539            Ph: (888) 882-4026            Fax: (956) 665-2392</b>
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For Office Use Only:

Processed by: \_\_\_\_\_

Date: \_\_\_\_\_