BDADCP



2018-2019 Cost of Attendance Adjustment Request (Computer Purchase)

Student First Name:		Student Last Name:		ID:
DOB://	Primary Phone #: (Secondary Phone #: (
•	•		ased on computer purchase one time for graduate stud	• • • • • • • • • • • • • • • • • • • •
· · · · · · · · · · · · · · · · · · ·	\$2500.00. Please note tha	it only the price of the	is form. The maximum allo e computer will be used for	·
Cost of Computer:				
I have attached a copy of th	ne receipt for my compute	er purchaseyes	_no.	
(If receipt is not included, t	he request will be denied))		
Please indicate financial aid	I program that you intend	I to get increased/adj	usted	·
(Student's Signature)		(Date)		
	of the following UTRGV	locations:		
One W Brown Pr	Tower, Main 1.100 /est University Blvd. nsville, Texas 78520 n: (888) 882-4026 x: (956) 882-8229		Visitors Center 1.1 1201 West University Edinburg, Texas 78 Ph: (888) 882-402 Fax: (956) 665-23	Drive 539 26
For Office Use Only:				
Processed by:			Data	