

The University of Texas
Rio Grande Valley

2019-2020 Cost of Attendance Adjustment Request (Child Care Expenses)
Fall 2019/Spring 2020

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

(Student's Signature)

(Date)

Please submit to either of the following UTRGV locations:

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
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For Office Use Only:

Processed by: _____

Date: _____