

The University of Texas Rio Grande Valley

2023-2024 Cost of Attendance Adjustment Request (Child Care Expenses) Summer 2024

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: _____

Child's Name	Child's Age	Monthly Amount Paid for Childcare	Number of Months in Childcare

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
--	--

For Office Use Only:

Processed by: _____

Date: _____