# 2024-2025 Cost of Attendance Adjustment Request (Books & Supplies)

<table>
<thead>
<tr>
<th>Student First Name: ___________________________</th>
<th>Student Last Name: ___________________________</th>
<th>ID: _______________</th>
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<tbody>
<tr>
<td>DOB: _____/ <em><strong><strong>/</strong></strong></em></td>
<td>Primary Phone #: (_____<em>) <em><strong><strong><strong>-</strong></strong></strong></em></em></td>
<td>Secondary Phone #: (_____<em>) <em><strong><strong><strong>-</strong></strong></strong></em></em></td>
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</table>

This is a request for an adjustment to your cost of attendance based on term book expenses being higher than your current student budget or a required musical instrument purchase.

For books and supplies purchase, please provide a copy of the receipt from your book purchases and copies of your class syllabi showing the required books per class with this form. Please note that only the price of the required books will be used for this adjustment. Additional book purchases or sales tax will not be included.

For a musical instrument, please provide a copy of the receipt from your instrument purchase and a letter from the professor teaching the class explaining that this is a requirement. If you are leasing an instrument, please provide a copy of the current invoice in which indicates the total number of payments as stipulated on the agreement, number of payments made, amount of each payment, and amount left for the instrument to be paid off. The budget will only be adjusted based off the total amount paid as of the day the request is submitted.

*(If required documents are not included, the request will be denied)*

Cost of Books Purchase: _____________________

Or

Cost of Musical Instrument Purchase: _____________________

**NOTE:** Changing a student’s cost of attendance does not increase Pell Grant eligibility or Student Loan eligibility if you have already been awarded the maximum for your classification per semester/year.

Please indicate the financial aid program that you intend to get increased/adjusted_______________________.

_________________________________________    _______________
(Student’s Signature)        (Date)

**Submitting documents.** You may submit your documents in several ways:

- Email to: finaid@utrgv.edu
- By mail to: UTRGV U Central, Visitors Center 1.113, 1201 W. University Drive, Edinburg, TX 78539
- Physical Drop off to locations listed below:

| Brownsville U Central Location: The Tower, Main 1.100 One West University Blvd. Brownsville, Texas 78520 Ph: (888) 882-4026 | Edinburg U Central Location: Student Services Bldg., First Floor 1201 West University Drive Edinburg, Texas 78539 Ph: (888) 882-4026 |

For Office Use Only:
Processed by:__________________________________       Date:________________________