

**2026-2027 Cost of Attendance Adjustment Request (Child Care Expenses)
Fall 2026/Spring 2027**

Student First Name: _____ Student Last Name: _____

ID: _____ Date of Birth : ____ / ____ / ____ Primary Phone: (____) _____

Childcare Expense Information

Number of your children age 13 and under in childcare: _____

Child's Name	Child's Age	Monthly Amount Paid Childcare	Number of Months in Childcare Fall 2026 & Spring 2027 ONLY

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)

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
Phone: (888) 882-4026

Edinburg U Central Location:
Student Services Bldg., First Floor
1201 West University Drive
Edinburg, Texas 78539
Phone: (888) 882-4026

For Office Use Only:

Processed by: _____ Date: _____