

COAPLC

**2026-2027 Cost of Attendance Adjustment Request
(Professional License/Certificate)**

Student First Name: _____ Student Last Name: _____

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

This is a one-time request for an adjustment to your cost of attendance based on expenses for obtaining the first professional license or certificate.

Required documentation:

Please provide any documentation from your department indicating the purchase of the license or certificate is required by a state or required to practice or be employed in their profession and receipts of expenses for the purchase of the license or certificate. Expenses/receipts must be for the current academic year.

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

Cost of Professional License/Certificate: _____

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
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: _____