COACCS



2021-2022 Cost of Attendance Adjustment Request (Child Care Expenses) Summer 2022

Student First Name:		Student Last Name:	ID:	
DOB://	Primary Phone #: () S	econdary Phone #: ()	
Childcare Expense Information				
Number of your childr	en age 13 and under in chil	dcare:		
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)				
(Student's Signature) (Date)				
Please submit to either of the following UTRGV locations: The Tower, Main 1.100 Visitors Center 1.113				
On	e West University Blvd. ownsville, Texas 78520		1201 West University Drive Edinburg, Texas 78539	
	Ph: (888) 882-4026 Fax: (956) 882-8229		Ph: (888) 882-4026 Fax: (956) 665-2392	
For Office Use Only: Processed by:		Da	te:	