HOWARD UNIVERSITY 1867

2022-2023 Cost of Attendance Increase Request

Last Name	First Name	HU ID

Address (include apt. no)	City	State	Zip

Email Address	Contact Number

The Cost of Attendance allows students to increase their budget in order to include unforeseen expenses. All expenses must occur during the current academic year while attending Howard University and must be documented. Mark the appropriate situation and ensure that you have completed all the requirements. Attach to this form.

I. **Reason for Cost of Attendance Increase**: **Select the appropriate item(s) and attach _all_ required documentation**

☐ **Computer Purchase** - The cost of purchasing a computer may be added to the student's budget only one time per academic career and may not exceed $2,000.
Required Documentation:
(1) typed and signed statement of your situation (explain the need/use of the computer);
(2) purchase receipt or documented proof of payment
(3) if approved, you will need to complete an Award Adjustment Form to increase your loan amounts (below).

☐ **Expenses related to Residency Interviews** *(Medical Students Only)*
Required documentation:
1) typed and signed statement including all the travel costs related to your residency programs,
2) attach invitations to residency programs for which you were invited to interview;
3) if approved, you will need to complete an Award Adjustment Form to increase your loan amounts (below).

☐ **Uninsured Medical Expenses:** Expenses the student pays out of pocket in advance that are not covered by insurance. (Copays are not considered uninsured medical expenses.)
Required documentation:
1) typed and signed statement
2) documented proof of payment

☐ **Student Health Insurance Fee:** Howard University has offered you the option to purchase the Student Health Insurance and you have agreed to opt in and pay the related fee of $2,000.
Required documentation:
1) typed and signed statement
2) documented proof of payment.

☐ **Child or other dependent care expenses**- Student will need to pay out of pocket one month of childcare (during the academic year) and provide proof of one month's payment in order to be considered for this increase.

Do you pay for childcare expenses? ☐   **Do you pay for adult dependent care expenses?** ☐

Name of Child/ Dependent	Age	Relation to You	Does the person live with you full time?	Days of the week under care (eg MWF)	Times of day under care (eg 9am-5pm)	Total Hours Per week	Start date of care (M/D/YY)	Projected End date of care (M/D/YY)	Total Cost for Academic Year

Required documentation:

1) typed and signed statement from student explaining the situation in detail (specify if any information in the table above varies at different times/ if the days of care schedule will change at some point, etc. Include how many months of care there will be total between now and the end of your Spring 2023 semester);
2) typed and **signed** statement on professional letterhead from the care provider including:
    a) provider's **signature**,
    b) address,
    c) name,
    d) phone number,
    e) the expected days of the week providing care and hours for each day,
    f) total number of hours per week and weekly cost,
    g) total cost expected for the fall and spring semesters,
    h) start and end date of enrollment in provider's care;
3) copies of receipts, checks, etc. proving one month of payment already made
4) if approved, you will need to complete an Award Adjustment Form to increase your loan amounts (below).

II. Certification

I certify that the information I have provided is accurate and complete, and I understand that any false information may be cause for denial, reduction, and/or immediate repayment of all aid. I understand that purposely submitting false or misleading information on this worksheet may lead to fines, sentencing to jail, or both.

_____   _____
Signature   Date

For Office Use Only:					
	Received by:			Date:	
	☐ Approved	☐ Denied	☐ Pending	FAA Initials:	Date:

2022-2023 Graduate/ Professional Student Request for Loan Adjustment

Complete and return this form to the Office of Financial Aid in person or via email at finaid@howard.edu.

Last Name _____   First Name _____   HU ID _____

Current Address (include apt. no) _____   City _____   State _____ Zip _____   Contact Number _____

2021-2022 Academic Year: "I wish to adjust Federal Direct and/or PLUS Loan funds, in the following semester(s)": (Check all that apply)

Semester	Loan Type	Current Amount (CA)	Adjustment Amount (AA)	Final Amount (CA + AA)
☐ Fall 2022 ☐ Partial Increase ☐ Max Increase ☐ Decrease ☐ Cancel	☐ Unsubsidized	$ .00	$ .00	$ .00
	☐ Graduate PLUS	$ .00	$ .00	$ .00
	☐ Private Loan	$ .00	$ .00	$ .00
☐ Spring 2023 ☐ Partial Increase ☐ Max Increase ☐ Decrease ☐ Cancel	☐ Unsubsidized	$ .00	$ .00	$ .00
	☐ Graduate PLUS	$ .00	$ .00	$ .00
	☐ Private Loan	$ .00	$ .00	$ .00
☐ Summer 2023 ☐ Partial Increase ☐ Max Increase ☐ Decrease ☐ Cancel	☐ Unsubsidized	$ .00	$ .00	$ .00
	☐ Graduate PLUS	$ .00	$ .00	$ .00
	☐ Private Loan	$ .00	$ .00	$ .00

I authorize Howard University to certify the loan(s) I have requested on this Request for Federal Direct and PLUS Loan Funds Form. I have read and understand the information contained in this form, and the information I have provided is accurate and complete.

_____   _____
Student's Signature   **Date**

For Office Use Only:		
Received by:		Date:
☐ Approved ☐ Denied ☐ Pending	FAA Initials:	Date: