

Student Financial Services

Mellencamp Hall, Room 162, P.O. Box 469, Milwaukee, WI 53201-0469 Phone: (414) 229-4541 Fax: (414) 229-5699 Email: finances@uwm.edu

2024-25 Request for Budget Adjustment Instructions

If you feel the amounts used in the cost of attendance (COA) listed on your financial aid offer do not reflect your current situation, you may be eligible to have your COA re-evaluated by submitting appropriate documentation. While increasing your COA does not change your eligibility for grants or scholarships, you may be eligible to borrow more through a Federal Direct Loan, Private Loan, or PLUS Loan.

Most students already receive the maximum Federal Direct Loan for the academic year based on their grade level; please review maximum annual loan limits <a href="https://example.com/here.com/h

Please Note:

- Forms will be returned, and processing may be delayed if forms are incomplete, or all required documents aren't submitted at the same time.
- The expenses must be yours but could be purchased by a parent (if you are dependent) or a spouse.
- The date of service or purchase must occur during the 2024-25 academic year. For those enrolled during the fall 2024 and spring 2025 terms, the dates are September 2024 May 2025. For those enrolled in the summer 2025 term, the dates are May 2025 August 2025. Computer purchases may occur three months prior to the start of the 2024-25 academic year.
- Submit the form and appropriate documentation as soon as possible as processing times vary and can take between 3-6 weeks depending upon the time of the year. The documents should be submitted no later than the dates indicated below for each term:

Fall 2024 – November 22, 2024	Spring 2025 - April 18, 2025	Summer 2025 – June 2, 2025

- There is no guarantee that forms submitted after the dates indicated above will be reviewed prior to the end of the term.
- Once review of your documents has been completed, we will send an email to your UWM account with the results and any additional required steps.

2024-25 Request for Budget Adjustment

Check the appropriate box or boxes that pertain to the circumstance(s) which best describes your situation. Be sure to **submit both pages** of the request for budget adjustment form including statement of certification.

Budget Adjustment Reason	Documents Needed/Checklist				
Purchase of Personal Computer Note: The maximum amount that a student's cost of attendance will be increased is equal to the actual cost of the computer hardware and software, or \$2,000, whichever is less and will only be increased once per degree for a computer purchase.	□ Proof of purchase (if already purchased, sales receipt) OR □ Personalized estimate. Needs to be signed and dated and must include the type of hardware/software to be purchased, the cost, the vendor from whom you will be making the purchase from, and the estimated date of purchase.				
An allowance for expenses related to a student's disability may be included in the cost of attendance. These expenses include special services, personal assistance, transportation, equipment, and supplies that are reasonably incurred and not provided by other agencies.	☐ Proof of payment (such as official receipts) for at least two months. Please total amounts.				
Books and Supplies Semester(s) requesting adjustment for: Fall 2024 Spring 2025 Summer 2025 Original Budget (per semester) \$400 Documentation must show costs more than this.	 Receipts showing the actual costs for at least one term. Syllabus indicating supplies needed and documentation for cost of those supplies. 				
Transportation Semester(s) requesting adjustment for: Fall 2024 Spring 2025 Summer 2025 Original Budget (per semester) \$838 Documentation must show costs more than this.	☐ Google Maps or other printout showing miles traveled. May include travel between school, residence, and place of work.				

Housing (if not living on campus or with parent) Semester(s) requesting adjustment for: Fall 2024 Spring 2025 Summer 2025 Note: The maximum housing budget will be increased is 20% of the original budget. Original Budget: Undergraduate \$3502/semester; \$876/month Graduate \$7079/semester; \$1770/month Documentation must show costs more than this.	 □ Signed lease detailing cost and timeframe. If sharing housing, indicate only your portion in a signed statement along with lease. or □ Statement from housing provider with rent amount. If sharing housing, indicate only your portion in a signed statement.
Other Expenses	□ Personal statement explaining circumstance.□ Appropriate supporting documentation.
Childcare Expenses For a student with dependents(s), an allowance for costs expected to be incurred for dependent care may be included in your cost of attendance. Care covered during class time, study time, field work, internships, and commuting time. Note: Expense will be divided equally if married and your spouse is also attending college.	☐ Complete Childcare Worksheet ☐ Proof of payment to the childcare provider or contract showing future commitment

Statement of Certification

I/we certify that the information provided on this form and any attachments are true and correct. Additionally, we understand that I/we must notify Student Financial Service Center in writing if the situation outlined in this request changes.

Student Signature

Date

Parent Signature (if dependent)

Date

NOTE: Signatures cannot be typed or stamped. Must be signature.

Childcare Worksheet (Complete if Requesting Adjustment for Childcare Expenses)

This section is to be completed by the **Childcare Provider**:

THIS SECU	ווווא נט ו	be com	pleted by the Ch	ilucare Prov	ider:	
Name of Childcare Facility or Indiv	vidual:					
Address:						
City:			State:	Zip Code:		
Phone number:			<u> </u>			
Supervisor (if applicable):						
Identify the children that are enrol	led in this	S Childco	are Facility:			
Name	Age		es of Expected Childcare Enrollment	Number of Hours per week of Childcare	Rate per hour	Total cost per week
			to			
			to			
			to			
			to			
			to			
			Total Cost	for Childcare	\$	
Is this parent receiving W2, State Expenses? ☐ Yes ☐ No Are you, the care provider, receiv for this person's Childcare Expense	ing W2, S	State of	Wisconsin, or any			
If yes, please provide the name o	f the sour	ce:				
What is the amount and frequer	ncy of the	childca	are assistance/reim	bursement? _		
I certify that the above inform	ation is	true an	nd accurate to the	e best of my l	cnowle	dge.
Signature of Childcare Provide	Date					