



# Budget Add-On Request

*Please complete all fields on this form using a black or blue pen. Incomplete forms will be returned and will cause a delay in processing your request.*

APU ID#: \_\_\_\_\_ Academic Program: \_\_\_\_\_

Name: \_\_\_\_\_  
*Last First M.I.*

Use this form to request an increase to your Cost of Attendance (COA) for additional costs incurred during the 2017-2018 enrollment period that are not already included in the APU standard COA. For more information on what is included in the standard COA, see <http://www.apu.edu/gpc/sfs/costs/attendance>.

**Please indicate which expense(s) you have incurred or will incur during your 2017-2018 enrollment period. Requests will only be processed with supporting documentation (i.e. invoices, purchase receipts, letter from provider, canceled checks, etc).**

Expense	Amount
Dependent Care Name of child: _____ Age of child: _____ Name of childcare agency/provider: _____	\$
Computer (one time up to \$2,000 during academic career)	\$
Out of pocket medical/dental expenses deemed medically necessary	\$
Books, supplies, and/or equipment needed for APU classes * in excess of what the standard COA allows (see URL above)	\$
Travel required for your program that occurs during periods of enrollment and is not reimbursed by your department (i.e. conference, internship) * in excess of what the standard COA allows (see URL above)	\$
Other: _____	\$
<b>TOTAL AMOUNT REQUESTED</b>	\$

Please be aware that increasing your student budget does not ensure that there will be additional aid available. For a request to be reviewed, it must be submitted one month prior to your last day of enrollment.

*By signing this form, I affirm that all information on this form and any attachments are complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.*

\_\_\_\_\_  
**Student Signature (Required – No electronic signatures accepted)**

\_\_\_\_\_  
**Date**

**MAILING ADDRESS**

AZUSA PACIFIC UNIVERSITY • GRADUATE AND PROFESSIONAL CENTER: SFS • P.O. BOX 7000 • AZUSA, CA • 91702-7000  
Phone (626) 815-4570 • Fax (626) 815-4545