



# 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 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 this current 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**

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