



2026-2027 Cost of Attendance Adjustments

SECTION A: STUDENT INFORMATION

Name:	UNTD Assigned ID:	SSN (last 4 digits only):
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SECTION B: TYPE OF ADJUSTMENT REQUESTED

Select the Cost of Attendance adjustment you are pursuing and attach the required documentation indicated below:

- Disabled student expenses. **Required documentation:** List of items required for student to attend and successfully complete their classes. Only unreimbursed expenses are eligible for consideration. Must include receipts of expenses. Expenses must be for 2026-2027 academic year.
- Professional License or Certificate. **Required documentation:** Letter from department indicating the purchase of the license or certificate is required by a state or required to practice or be employed in their profession and receipts of expenses for the purchase of the license or certificate. Expenses must be for 2026-2027 academic year.
- Unreimbursed non-elective dental or medical expenses. **Required documentation:** Receipts of incurred expenses or proof deposit paid not covered by insurance: **Student only.** Expenses must be for 2026-2027 academic year. Increase cannot exceed \$4500.
- Purchase of instrument or other item(s) for academic purposes. **Required documentation:** Letter from department or professor indicating the purchase of the instrument or other item(s) is required for student to be successful in academic program and receipts of expenses for the purchase of instrument or item(s). Along with a paid receipt or detailed estimate. Expenses must be for 2026-2027 academic year. Cost of Attendance increase cannot exceed \$4500.
- Purchase of a computer (One-time option). **Required documentation:** A paid receipt or detailed estimate. One-time consideration during the student's college career for the purchase of a computer. Expenses must be for 2026-2027 academic year. Increase cannot exceed \$1000.

SECTION C: CERTIFICATION

I certify that all the information contained on this form is complete and correct. I understand that additional documentation may be required regarding repayment of these expenses. I understand that I must sign and return this form for my financial aid to be processed. **Electronic signatures are not accepted.**

Student Signature

Date

X

Return this completed form with any required documentation to:

*Office of Financial Aid & Scholarships/University of North Texas at Dallas /7350 University Hills Blvd., Dallas, TX 75241
or fax to (972) 338-1799 or save and attach as PDF and email to financialaid@untDallas.edu*