

2009-2010 COST OF ATTENDANCE (BUDGET) EVALUATION

This form has been designed to allow you to provide information to the Office of Student Financial Aid (OSFA) regarding your current cost of attendance (COA). The items listed below are included in the standard academic year COA used at The University of Arizona (Fall + Spring = 9 months). If the COA reported on your award notification does not appear to adequately meet your expenses, complete all of the sections below for educational costs incurred during the academic period you will attend. **Please keep in mind that the majority of Cost of Attendance Evaluations typically increase loan eligibility.** From the date our office receives your form, please allow approximately three weeks for processing (this time may vary depending on the time of year).

Please type or write in ink. DO NOT use pencil.

<input type="checkbox"/> I am submitting this re-evaluation to clear an Over Award.				
I wish to be considered for additional (Grant funds will be automatically awarded IF eligibility is determined AND funds are available):				
<input type="checkbox"/> Stafford Loan	<input type="checkbox"/> Parent PLUS Loan	<input type="checkbox"/> Graduate PLUS Loan	<input type="checkbox"/> Private Loan	<input type="checkbox"/> Other _____

LAST NAME:	FIRST:	MI:	STUDENT ID #:
LOCAL ADDRESS:			ZIP:
PHONE:		E-MAIL:	
<input type="checkbox"/> UNDERGRADUATE	<input type="checkbox"/> GRADUATE	<input type="checkbox"/> NATIVE AMERICAN	<input type="checkbox"/> NURSING <input type="checkbox"/> PHARMACY

COSTS:	DESCRIPTION:		AUG 09 - MAY 10	
Rent:	Per month (if you have a roommate, report only <i>your</i> share)	PER MONTH	\$	
Food:	Per month (your share only)		\$	
Utilities:	Per month (your share of electricity, gas, water, internet, trash pick-up)		\$	
Phone/Cell:	Per month (your share only)		\$	
Medical Insurance:	Dependent students: only if not covered by parent's insurance policy		\$	
Books/Supplies:	Per academic year	PER ACAD. YEAR	\$	
All items below require documentation such as receipts and/or estimates. You may also attach a personal statement.				
Transportation:	Provide an <u>itemized list</u> of ALL expenses (maintenance/repair, gas, bus pass, license, insurance, and parking). Do not include car payments.		\$	
Computer:	May include software or hardware upgrades		\$	
Miscellaneous:	May include medical/dental/optical/prescription expenses NOT covered by insurance (do not include insurance premiums), etc.		\$	

CHILDCARE: Childcare may be added to your budget if you incur these costs in order to attend school. Have your day care provider(s) or babysitter(s) complete the statement below. <i>(Please include only the portion that you are responsible for paying.)</i>	
Name(s) of children:	Age(s):
Name of provider/babysitter:	Phone:
Address:	Monthly Cost: \$
Signature of provider/babysitter:	

I certify that the information on this cost of attendance evaluation is accurate to the best of my knowledge.

Student Signature: _____ Date: _____