

## REQUEST FOR COST OF ATTENDANCE BUDGET INCREASE PROFESSIONAL EXAM/LICENSING FEES

Student Name:	Student ID Number:
You may request to increase your Cost of Attendance b licensing exams and fees paid out of pocket. This reque certification, or professional credential required for you	est can include the cost of obtaining the license,
<ul> <li>The out of pocket expenses must be paid by you</li> <li>Office no later than 30 days prior to your last day</li> </ul>	
<ul> <li>Items that can be included in this request: licens obtaining the license or certification (request ca</li> </ul>	
Procedures:	
<ul> <li>Contact your financial aid counselor to discuss y determine if submitting this request would create.</li> <li>Complete this form.</li> <li>Attach copies of receipt(s) confirming the payment of expenses, proof of payment, and itemized det.</li> <li>Submit all information to the Financial Aid Office.</li> </ul>	te additional financial aid options for you.  ent. (The documentation must include the date ails of what the payment covered.)
I understand that by submitting this form I am requesting the Attendance budget. I understand that this form is not a loan contact the Financial Aid Office to discuss the options availa understand that misrepresentation of facts in connection with or repayment of my financial aid.	application and that it is my responsibility to ble to me as a result of any budget increase. I also
Student Signature:(Original Signature Required)	Date:
University of St. Thomas   Financial Aid Office, Mail 5007   2115 Su Phone: 651-962-6550   Email Completed Document to: https://liquid	
Financial Aid Office Use Only:  Approved Denied	Aid Year:
Amount: Comments:	
FAO Signature:	
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