

REQUEST FOR COST OF ATTENDANCE BUDGET INCREASE
OUT OF POCKET MEDICAL/DENTAL EXPENSES

Student Name: _____ Student Number : _____

You may request to increase your Cost of Attendance budget and apply for additional loans to assist with medical/dental expenses, not covered by insurance and paid out of pocket, that were incurred during periods of enrollment at the University of St. Thomas.

Procedures :

- Contact the Graduate Financial Aid Office to discuss your current Cost of Attendance budget to determine if completing this form would create additional loan options for you.
- Complete this form.
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