

Revision Request

Office of Student Financial Services
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The Office of Student Financial Services has established a student budget for the cost of attendance and personal expenses based upon average yearly costs. Although every effort is made to optimize financial options for students, we understand that extraordinary circumstances arise which may require funding for additional expenses. Through professional judgment of the financial aid counselors, the Office of Student Financial Services offers the following options to help alleviate the financial burden of these situations. An aid administrator's decision regarding adjustments is final and cannot be appealed to the Department of Education. Please visit our website for more budget details www.uthouston.edu.

COMPLETE ALL SECTIONS: Please complete this form in blue or black ink and print legibly

Student Last Name	Student First Name	Student M.I.	Student ID Number
Student Street Address (include apt. no.)			Student Phone Number
City	State	Zip Code	Student Email Address

Ineligible Circumstances

Adjustments **will not** be made for the following situations:

- Bankruptcy
- Child Support
- Consumer Debt (credit cards, etc.)
- Electronic devices other than a personal computer
- Personal Loans
- Home equity, IRS, 403(b) or 401(k) loans
- Insurance premiums: Car, Dental, Medical, Vision, Life and Mortgage
- Medical, Dental, Vision or any other unusual expenses covered by the Income Protection Allowance (IPA) in the FAFSA calculation
- Standard living expenses (e.g., utilities, mortgage, rent, etc.)
- Tax levy or tax payments
- Routine transportation costs (e.g., car payments, insurance, cosmetic repairs, routine maintenance – oil change, tune-up, vehicle registration/inspection fees, etc.)
- Any request that does not prove the student's situation differentiates him/her from a whole class of students

Instructions

- Check the box of the applicable section of this worksheet
- Provide a signed letter of explanation including the reason for your revision request
- Submit photocopies of supporting documentation related to your request
- Attach a copy of your current loan debt as provided by the National Student Loan Data System (NSLDS). To obtain this information log on to www.NSLDS.ed.gov using your FAFSA PIN and SSN

Please Note: Adjustments will only be made for the **current** award year/academic period. Therefore, a student must provide receipts and/or documentation for the award year/academic period currently in progress.

■ Computer Purchase

Check the box that applies. Computer revision does not include the purchase of PDAs, other such electronic device(s), ink, computer accessories or paper.

Only **ONE** request may be submitted during the period of undergraduate and graduate studies combined.

- Provide a signed letter of explanation including information and documentation supporting your revision request
- Submit a copy of final purchase receipt. The receipt must include student information. If someone (i.e., parent/spouse) purchased the computer on your behalf, please include a signed statement from the purchaser validating the computer was purchased for your educational purpose.
- Include a copy of the computer specifications. Computer specifications must come from the manufacturer or manufacturer's website. Note: Some receipts contain partial specification information. This information is NOT sufficient. A complete list of computer specifications is required.
- Budget increase for computer purchase cannot exceed \$2500 unless specified otherwise

- ☐ UTHealth¹
- ☐ UTMACC²
- ☐ UTHealth Northeast

¹ School of Biomedical Informatics budget increase cannot exceed \$2725

² UT MD Anderson budget increase cannot exceed \$1500

■ Medical, Dental or Vision Expenses

Routine office visits or insurance premiums are not eligible revision expenses as these have been estimated in your cost of attendance. Adjustments will only be considered if they are *NOT* included as itemized deductions on your federal tax return AND they have not been covered by the Income Protection Allowance (IPA) established in the FAFSA [HEA Sec. 479A (a)]. The student may be awarded only the difference between the IPA and amount paid out of pocket.

- Provide a signed letter of explanation including information and documentation supporting your revision request. Medical, dental, vision and other unusual expenses letters must include the reason expenses are being incurred, the length of time expenses are expected to continue and the amounts not covered by insurance
- Attach photocopies of paid receipts for bills/prescriptions incurred since the first day of the *current* award year/academic period. Prescription name/Rx number must appear on receipt for verification purposes
- Submit a signed copy of your most recent tax returns *including* Schedule A
- Include Explanation of Benefits and/or company invoice stating date, description of service and charges for services rendered
- Provide a signed letter from physician stating diagnosis, duration of condition and name(s) of any medication(s) prescribed
- For services/medications not covered by insurance include Explanation of Benefits (EOB) stating reason for reject

Please Note: Chronic conditions requiring monthly medication require a minimum of 3 months receipts.

■ Transportation Costs/Repairs

Car payments, insurance premiums or regular maintenance such as oil changes, routine repairs or cosmetic repairs are NOT eligible revision expenses as these have been estimated in your cost of attendance.

Only requests for ONE vehicle may be submitted per award year.

- Provide a signed letter of explanation including information and documentation supporting your revision request
- Transportation revision request letters must include the reason expenses are being incurred, the length of time expenses are expected to continue and the amounts not covered by insurance
- Attach photocopies of paid receipts for bills incurred since the first day of the *current* award year/academic period for auto repairs not covered by insurance
- Explanation of Benefits (EOB) or proof repairs are not covered by insurance may be required upon request

Make/Model: _____

Year: _____

■ Child Care

Dependent(s) must be 5 years of age or younger. Exceptions may be made for special needs dependents. If dependent(s) is/are older than 5 years of age, child care payment receipts and letter of explanation are required. If married, your spouse *must* be employed full-time or be enrolled at least half-time in a postsecondary institution to be considered for a child care revision.

- Provide a signed letter of explanation including information and documentation supporting your revision request
- Submit copy of birth certificate for all dependents
- Child care receipts and/or signed letter from day care provider indicating monthly tuition/payment amount and number of hours/days child(ren) attend daycare
- Provide proof spouse is employed full-time (e.g., current pay stub, prior year tax return/ W-2 and/or a letter from employer on company letterhead)
- Include proof of spouse's school enrollment (at least half-time) from the college they are attending (e.g. letter from Registrar on school letterhead, schedule), if applicable

Please Note: Extended day care programs are not eligible for consideration unless extenuating circumstances exist. Please discuss this with your Financial Aid Counselor.

■ Off-Campus Budget

Only applies to students no longer living with parents since applying for current year FAFSA

- Provide a signed letter of explanation including information and documentation supporting your revision request
- Attach copy of mortgage/lease. Your name must listed on mortgage/lease as owner/applicant
- If applicable, students without an officially signed lease must submit proof of rent payments (cancelled checks, receipts, etc.)

■ Scholarships, Sponsors, Veterans Benefits, and Other Resources

Report any resources not listed on your financial aid award notice. Do not include Veterans Educational or Hazelwood Benefits.

- Provide a signed letter of explanation including information and documentation supporting your revision request
- Include copy of award letter and/or any correspondence from source, if applicable

Amount: _____ Semester(s): _____ Organization: _____

Amount: _____ Semester(s): _____ Organization: _____

■ Fund Reinstatement

Students requesting fund reinstatement must have remaining eligibility for this request to be considered

- ☐ I declined my entire Federal Direct Subsidized Stafford loan and would like to have it reinstated
- ☐ I declined my entire Federal Direct Unsubsidized Stafford loan and would like to have it reinstated
- ☐ I declined a *portion* of my Direct **Subsidized / Unsubsidized** (circle one) Stafford Loan(s) and would like to have
\$_____ Subsidized and/or \$_____ Unsubsidized reinstated
- ☐ I declined other funding and would like to have it reinstated. Reinstatement depends upon funding availability.
List type(s) and amount(s):

Funding Type: _____ Amount: _____

Funding Type: _____ Amount: _____

■ Other Extenuating Circumstances

This option may require discussion with your Financial Aid Counselor to determine whether or not your request may be considered

- Provide a signed letter of explanation including information regarding your extenuating circumstances
- Attach documentation supporting your revision request

Certification and Signature (*no electronic signatures accepted*)

Certification and Signature

Signing below certifies that all of the information reported on this form is complete and correct. I understand this document confirms my acknowledgement of the following:

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sent to prison or both.

- I have read and completed each applicable section and have provided the required documentation
- Additional documentation may be required upon request
- I understand that no adjustments will be made until all required documents have been received and reviewed. Failure to provide requested documents may result in the denial of my Revision Request
- I am aware the documents I have submitted are part of my confidential financial aid record and cannot be returned
- The information listed on this application and the documents submitted for review are true and correct to the best of my knowledge
- Approved Revision Requests do not guarantee an increase in aid. However, adjustments resulting from an approved Revision Request may result in increased loan eligibility
- The approval of a Revision Request from a previous institution does not impact the decision of UTHealth, UTMDACC or UTHealth Northeast
- All Revision Requests ***must*** be submitted ***28 days prior*** to the last day of enrollment for the ***current*** award year/academic period. Complete documentation must be submitted with request. All requests submitted after the last day of enrollment for the award year will be declined
- There is an approximate 2-4 week processing time for each request. *Note: Processing may be delayed during peak periods*
- It is my responsibility to check on the status of my application

Print Student Name

Student ID Number

Student Signature (Required)

Date