

**UNIVERSITY OF CONNECTICUT**

**SCHOOL OF LAW**

Student Finance Office  
Thomas J. Meskill Library Second Floor  
39 Elizabeth Street  
Hartford, CT 06105

**REQUEST FOR INCREASE IN BUDGET & ADDITIONAL LOANS**

The Office of Student Finance realizes that students and their families experience unforeseen circumstances and/or expenses during an academic year. This form is designed to identify these circumstances/expenses and to request additional loan funding. Please complete and return it to the Student Finance Office for evaluation.

**Student name:** \_\_\_\_\_ **PeopleSoft #:** \_\_\_\_\_

**This request is being made for the 20\_\_ - 20\_\_ academic year.**

**REASON FOR APPEAL** (Please check applicable items(s) See the back of this form for required documentation.)

- Child Care Expenses
- Elder Care Expenses
- Medical/Dental Expenses
- Additional Transportation Expenses
- Additional Books and Supplies
- Health Insurance purchased through the University
- Health Insurance purchased from UConn Health Center
- Computer Purchases
- Other: \_\_\_\_\_ (rent cannot be increased regardless of situation)

**EXPLANATION OF REQUEST**

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**PLEASE NOTE: IF YOU HAVE A DEFERMENT ON YOUR ACCOUNT, ANY LOANS PROCESSED AS A RESULT OF THIS APPEAL WILL BE CREDITED TO YOUR DEFERMENT REGARDLESS OF THE DEFERMENT END DATE.**

**AFFIDAVIT**

My signature below certifies that the above information and attached documentation are correct to the best of my knowledge.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The following documentation is required to substantiate your request:**

**(ALL RECEIPTS AND DOCUMENTATION MUST HAVE STUDENT'S NAME INCLUDED. THIS INCLUDES THE PURCHASE OF A COMPUTER --- THE INVOICE/PROOF OF SALE MUST HAVE THE STUDENT'S NAME ON THE RECEIPT. Any other documentation will not be acceptable.)**

Child Care Expenses:

Attach a letter from the childcare provider detailing agreement (include childcare license number, days of service, fees, hours, etc.). **Only one-half of the total will be allowed. The other parent is expected to contribute the other half.**

Elder Care Expenses:

Attach a letter from elder care provider detailing agreement (include fee, hours, other siblings who are contributing, etc.).

Additional Transportation:

Attach a letter indicating mileage from Mapquest, frequency of travel and reason for travel.

Additional Books and Supplies:

Attach copies of course syllabus and bookstore price lists or receipts to substantiate that expenses exceed the standard allowances.

School Health Insurance:

Attach a copy of your School of Law bill or the bill from UConn Health Center. If there is family coverage, one-half of the total amount will be allowed. Other parent/adult is responsible for one-half of the bill.

Medical Expenses:

Attach documentation of unreimbursed expenses *during the academic year of this request*. (Letter from previous insurance company re: termination, letter from doctor, receipts for prescriptions). **Extraordinary health expenses above and beyond the budget allowance and the income protection allowance (\$1070) that is implemented in the federal need analysis formula will be considered. Allowance will NOT be made for pre-existing conditions.**

Computer Purchases:

Attach a dated sales receipt outlining the specific item(s) purchased (\$2,000 maximum purchase allowance). Receipt must be in student's name and issued within 90 days preceding this request. Only one request will be allowed during a student's tenure at the School of Law. **There are no exceptions.**

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**For Office Use Only**

**Approved**

**Comments:**

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**Denied**

**Comments:**

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**PS memo entered and revised award letter sent to student**

**Initials:** \_\_\_\_\_

**Date:** \_\_\_\_\_