



24-25 Budget Adjustment Request

If you feel the amounts used in the cost of attendance (COA) listed on your financial aid offer (located in [SHUAwards](#) > Menu > Estimated Cost of Attendance & Financial Aid Offer) do not reflect your current situation, you may be eligible to have your COA re-evaluated by submitting this completed form. Please also note where there is an * which then will require you to supply supporting documentation. While increasing your COA does not change your eligibility for grants or scholarships, you may be eligible to borrow more through a Direct Loan or a Private or PLUS Loan.

Name: _____ Student ID #: _____

Table 1: Monthly Living Expenses for August 2024 - May 2025

Expense	Description	Cost
Living Expenses (Housing)	Per Month: If you have a roommate, report only your share. *Must supply lease agreement or mortgage.	\$ *
Living Expenses (Utilities)	Per Month: Your share of electricity, gas, water, internet, cable etc. Can include phone/cell *Must supply bills.	\$ *
Living Expenses (Food)	Per Month: Your share only	\$
Books, Course Material, Supplies and Equipment	Per Academic Year: May include software or hardware upgrades. Rental or purchase of a personal computer. New, used, ebook, rental etc. *Must supply receipts.	\$ *
Transportation	Per Academic Year: Provide an *itemized list of all expenses (maintenance/repair, gas, bus pass, license, insurance, and parking). Do not include car payments.	\$ *
Disability-related Expenses	Per Academic Year: Expenses associated with a disability, including special services, personal assistance, transportation, equipment, and supplies that are incurred (and not provided for by other agencies). *Must supply receipts.	\$ *
Miscellaneous Personal Expenses	Per Academic Year: May include medical/dental/optical/prescription expense not covered by insurance, etc. (do not include insurance premiums). Estimated costs for clothing, haircuts, toiletries and other miscellaneous expenses.	\$
Medical Insurance	Per Month: Dependents students- if not covered by parent's insurance policy. *Must supply premium billing statement.	\$ *



Sacred Heart UNIVERSITY

Office of Student Financial Assistance

Expense	Description	Cost
Professional licensure, certification, or first professional credential	Per Academic Year: Any professional licensure, certification, or first professional credential costs while enrolled as a student at Sacred Heart or upon graduation. <i>*Must supply receipts.</i>	\$ *
Study Abroad Program Fees	Per Academic Year: Additional expenses related to a Sacred Heart study abroad program (such as fess and airfare) <i>*Must supply receipts.</i>	\$ *

Dependent care

Dependent care 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 statements below. Please include only the portion you are responsible for paying.

Names of Children: _____ Ages: _____

Name of Provider/Babysitter: _____ Phone: _____

Address: _____ Monthly Cost: _____

Signature of Provider/Babysitter: _____ Date: _____

I certify that the information provided is accurate to the best of my knowledge:

Student Signature: _____ Date: _____

This document may be submitted to the Office of Student Financial Assistance ONLY via [SHUAwards](#) (Menu > My Documents > Upload it now!), secure fax, mail, or in-person as it contains personally identifiable information.

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