Sacred Heart UNIVERSITY
Office of Student Financial Assistance

2027-2028 Budget Adjustment Request

If the Cost of Attendance (COA) on your financial aid offer (SHUAwards > Menu > Estimated Cost of Attendance & Financial Aid Offer) does not reflect your current circumstances, you may request a review by submitting this form. *Please provide supporting documentation/receipts for any item marked with an asterisk (*).*

While a COA increase will not affect your grant or scholarship eligibility, it may allow you to borrow additional funds through a Direct, PLUS, or private loan.

Name: _____ **Student ID #:**_____

Table 1: Monthly Living Expenses for August 2027 - May 2028

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.***	$ *

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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. ***Must supply receipts*.**	$ *
Study Abroad Program Fees	**Per Academic Year:** Additional expenses related to a Sacred Heart study abroad program (such as fess and airfare) ***Must supply receipts*.**	$ *

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. **You may skip this section if it is not applicable.**

Names of Children: _____ Ages: _____

Name of Provider/Babysitter: _____ Phone: _____

Address: _____ Monthly Cost: _____

Signature of Provider/Babysitter: _____ Date: _____

Certification & Signature:

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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