



2025-2026 Cost of Attendance Adjustment

SECTION A: STUDENT INFORMATION

Name:

UTPB Assigned ID:

SSN (last 4 digits only):

SECTION B: "FORM DETAILS"

Select the Cost of Attendance adjustment you are pursuing and attach the required documentation indicated below:

- ☐ Disabled student expenses. Required documentation: List of items required for student to attend and complete successfully in their classes and are not reimbursed by other agencies. Must include receipts of expenses. Expenses must be for 2025-2026 academic year.
- ☐ Professional License or Certificate. Required documentation: Letter from department indicating the purchase of the license or certificate is required by a state or required to practice or be employed in their profession and receipts of expenses for the purchase of the license or certificate. Expenses must be for 2025-2026 academic year.
- ☐ Unreimbursed dental or medical expenses. Required documentation: Receipts of incurred expenses or proof deposit paid not covered by insurance. Student only. Expenses must be for 2025-2026 academic year. Cost of Attendance increase cannot exceed \$4500.
- ☐ Purchase of instrument or other item(s) for academic purposes. Required documentation: Letter from department or professor indicating the purchase of the instrument or other item(s) is required for student to be successful in academic program and receipts of expenses for the purchase of instrument or item(s). Expenses must be for 2025-2026 academic year. Cost of Attendance increase cannot exceed \$4500.
- ☐ Purchase of a computer required by department. Required documentation: Letter from department or professor indicating the purchase of the computer is required for student to be successful in academic program and receipts of expenses for the purchase of the computer. Expenses must be for 2025-2026 academic year. Cost of Attendance increase cannot exceed \$3000.
- ☐ Purchase of a computer. Required documentation: Receipt showing rent or purchase of computer. Cost of Attendance increase cannot exceed \$1000.
- ☐ Other requirements not listed above. A letter explaining the request with documentation is required.

SECTION C: CERTIFICATION

I certify that all the information contained on this form is complete and correct. I understand that I must sign and return this form for my financial aid to be processed.

Student Signature

Date

X _____

Return this completed form with any required documentation to:

University of Texas Permian Basin - Office of Student Financial Aid & Scholarships
4901 E. University Blvd., Odessa, Texas 79762
Email: finaid@utpb.edu
Phone: (432) 552-2620
Fax: (432) 552-2621