BDADCP



2024-2025 Cost of Attendance Adjustment Request (Computer Purchase)

Student First Name: Stude	ent Last Name:		ID:
DOB:/ Primary Phone #: ()		Secondary Phone #: (_)
This is a request for an adjustment to your Cost of Attend request can only be completed ONE TIME every two year supporting documentation.		•	•
Please provide a copy of the receipt from your computer poseller. The maximum amount for a cost of attendance ad computer will be used for this adjustment (additional ward)	djustment is \$2,50	0.00. Please note that o	only the price of the
Cost of Computer:			
I have attached a copy of the receipt for my computer pu	rchaseyes	no.	
(If receipt is not included, the request will be denied)			
the maximum aid for your classification per semester/year Please indicate financial aid program that you intend to go		sted	
(Student's Signature)	(Date)		
Submitting documents. You may submit your documen	nts in several ways	:	
 Email to: finaid@utrgv.edu By mail to: UTRGV U Central, Visitors Center 1.113, Physical Drop off to locations listed below: 	, 1201 W. Univers	ity Drive, Edinburg, TX 7	'8539
Brownsville U Central Location: The Tower, Main 1.100		Edinburg U Central Loc Student Services Bldg., Fi	
One West University Blvd. Brownsville, Texas 78520		1201 West University Edinburg, Texas 785	
Ph: (888) 882-4026		Ph: (888) 882-4	026
For Office Use Only:			
Processed hy:		Date:	

REV. 01/2020