

COST OF ATTENDANCE ADJUSTMENT FORM

Some adjustments to your cost of attendance budget are allowed for exceptional circumstances. Please complete this form and submit it to the Law Financial Aid Services Office for consideration.

Student Name: _____ ID: _____

Local Address: _____

Phone Number: _____

Please provide the additional expense amounts below and include documentation to substantiate your request.

Computer Purchase (one-time allowance)* \$ _____

Dependent Care Expenses \$ _____

Disability Expenses \$ _____

Other: _____ \$ _____

***The student confirms that the laptop in question meets the requirements outlined on the UMass Law Technology web page.**

Reason for request:

Signature _____

Date _____

Pursue Justice