REQUEST FOR COST OF ATTENDANCE BUDGET INCREASE PROFESSIONAL EXAMLICENSING FEES

Student Name:	Studen Nli Dnber:
You may request to increase your Cost of Attendance bud icensing exams and fees paid out of pocket. This requestrification, or professional credential required for you	est can include the cost of obtaining the license,
f The out of pocket expenses must be paid by you Office no later than 30 days prior to your last day	· · · · · · · · · · · · · · · · · · ·
f Items that can be included in this request: licensin obtaining the license or certification (request ca	
Procedures:	
-	•
understand that by submitting this form I am requesting the Fire Attendance budget. I understand that this form is not a loan appropriate the Financial Aid Office to discus so the options available understand that misrepresentation of facts in connection with the prepayment of my financial aid.	plication and that it is my responsibility to ble to me as a result of any budget increase. I also
Student Signature:	Date:
Jniversity of St. Thomas Financial Aid Office, Mail 5007 2115 Sumn	mit Ave. St. Paul, MN 55105

Phone: 651-962-6550 | Email Completed Document to: https://liquidfiles.stthomas.edu/filedrop/D1p Tc -0.0lMcs (e)-4.Alrection wi Summt5_