If you need assistance with completing this form, please contact our office at 855-278-5080 or students.asu.edu/contact/financialaid.

**STUDENT INFORMATION**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle I.</th>
<th>10-Digit ASU ID</th>
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<tbody>
<tr>
<td>Local Street Address</td>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
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**PURPOSE**

Your cost of attendance (i.e., financial aid budget) is originally set to a standard amount based on a number of factors. You can request the financial aid office to review additional expenses by submitting this form.

This form will **not** be processed until your financial aid file is complete, you have been awarded aid and the first day of the academic year has occurred. Changes resulting from this review **do not** guarantee an increase in your aid, nor will you be reimbursed for costs incurred.

**INSTRUCTIONS**

1. Complete Section A, B, and C below.
2. Submit this form and supporting documentation online at https://tuition.asu.edu/forms/fa-misc-verification/2025, mail to PO Box 870412, Tempe, AZ 85287-0412, or in person at any Financial Aid and Scholarship Services location.

**SECTION A: REASON FOR REVIEW**

Check all the types of expenses you would like to be reviewed. All costs **must** occur during the 2024-2025 academic year (August 2024 – July 2025). If you have expenses not listed, please contact our office to determine if they are reviewable expenses.

- **Childcare**
  - I would like to report Childcare expenses.
  - Attach a statement from your childcare provider (on childcare provider’s letterhead or notarized letter if provider does not have letterhead) indicating the names and ages of your children in childcare and the weekly cost associated with each child for daycare.
  - Complete all fields below:
    - a. Name and age of the child for which you are paying childcare costs: ______________________________________________________________________
    - b. Your relationship to the child for whom childcare is being provided: ______________________________________________________________________
    - c. The amount you pay weekly for childcare for each child: $__________00/week
    - d. Do you qualify for reductions/forgiveness of any of the costs? □ Yes □ No
    - e. The duration of the expenditure (MM/DD/YYYY) to (MM/DD/YYYY)

- **One-Time Computer Expense**
  - I would like to report One-Time Computer Expenses.
  - (You may request a one-time increase of your cost of attendance for up to $1500.)
  - Attach a photocopy of proof of purchase of a computer (i.e., an itemized invoice or receipt).
  - Complete all fields below:
    - a. Date of Purchase (MM/DD/YYYY)
    - b. Amount of Purchase: $__________00

- **Housing Expenses**
  - I would like to report a change in Housing Expenses
  - Choose the change in housing expense
    - □ I will be living at home with my parent(s).
    - □ I will be living on campus. **Note:** Res Life charges must be on your student account before a change will be made.
    - □ I will be living off campus. **Note:** If you will be living off campus, you must attach a signed copy of your lease.
    - Your share of rent per month: $__________00
    - Your share of utilities per month: $__________00
    - (Please use the last 2-3 months utilities average. You can include electricity, water and internet. **Note:** leave this blank if your share of utilities is $0.)
☐ Flight Instruction – Polytechnic Aviation Majors
Flight students may submit this form before expenses are incurred if admitted and registered for professional flight safety courses.
1. Select the term for which you are enrolled in Aviation classes.
   □ Fall 2024
   □ Spring 2025
   □ Summer 2025

2. Select the Aviation class that you are enrolled in for the semester selected above.
   □ AMT 105  □ AMT 205  □ AMT 305
   □ AMT 110  □ AMT 210  □ AMT 310
   □ AMT 150  □ AMT 250  □ AMT 490

☐ Professional License or Certificate
I would like to report expenses related to the one-time direct cost of obtaining a first professional license or certificate.
1. Name of professional license or certificate:

2. Direct cost: $__________00

3. Reason for pursuing this professional license or certificate:

☐ Additional Course Costs or Thesis/Dissertation Expenses
1. List the required supplies/expenses.

2. Course names and numbers for which the additional thesis/dissertation expenses apply.

3. Your academic major: ________________________________

4. Attach photocopies or proof of payment for expenses incurred. You may include all expenses for thesis/dissertation costs.

5. Attach documentation to support that these are required supplies/expenses (e.g., a signed statement from your instructor, a copy of the course syllabus, etc.).

☐ Transportation Expenses
I would like to report transportation expenses associated with traveling to work or an internship/externship opportunity.
1. Attach copies of google maps that shows the distance associated with your travel for work.
   a. Mileage of travel to work: _________________________

2. List how many days a week you will be making this trip: ________________________________

☐ Healthcare
I would like to report Healthcare expenses not covered by insurance or student health insurance charges on my student account.
(Medical expenses may be allowed if required for treatment rather than elective care and documented by a physician.)
1. Attach a detailed letter of explanation concerning all the items below.
   a. Itemized listing of any healthcare expenses paid since the first day of your first enrolled session for the 2024-2025 academic year, for any medical, dental or optical expenses not covered by your insurance.
   b. Identify payments that are on monthly payment plans, include amounts and duration of payments.

2. Attach copies of paid receipts for all healthcare expenses referenced in itemized list.

3. Attach documentation that verifies if payments are on monthly payment plans.
Extended Family Support

I would like to report Extended Family Support expenses.
(May be allowed if you financially contribute to relatives not counted as a member of your household and extenuating circumstances exist.)

1. **Attach a detailed letter of explanation concerning all items below:**
   a. Name, age and relationship of relative(s).
   b. Month and year support began and expected date support will end.
   c. Dollar amount of monthly support paid by you.
   d. Reason for the support.

2. Attach supporting documentation of payments (e.g., receipts, cancelled checks, etc.).

**SECTION B: BRIEF PERSONAL STATEMENT**

**SECTION C: STUDENT CERTIFICATION AND SIGNATURE**

Certification: I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years.

| Student's Signature | Date form was signed |