

## Special Circumstance: 2025-2026 Winter/Spring Study Abroad Budget Increase Request

First Name:	Last Name:	Person Number:	
Instructions			
Buffalo for an academic living expenses, transp considered for <b>educati</b> c budget increase to the	c year. The budget componer ortation costs, and modest pe on-related expenses which budget components does no . Budget requests greater tha	an estimate of the costs to attend University at ints in the COA are averages of tuition, fees, supplies ersonal expenses. Budget Increases will only be exceed the budget components. The request for a t guarantee that an adjustment will be made. Your an 10% of budget will need a statement explaining	<b>&gt;</b> ,
Documentation and	submission		
•	oudget increase, go the Educ u/educationabroad/projects/F	. •	
Under <i>Fall Program</i> budget for your pro		are attending. Under <i>Costs</i> , you will print the fall	
. •	m budget along with proof of izing one of the options below	your attendance in the program with this Budget w.	
<ul><li>Fax to 716-6</li><li>By mail to fit</li></ul>	nancial aid at 1Capen, Capei		
Note: All Finan	cial Aid Forms/Uploads red	quire your legal name.	
Certification and Sig	nature – Please handwrite yo	our signature. Typed Signatures cannot be accepted.	
knowledge. I further un- reduction, withdrawal, a information on this work	derstand that any false stater and/or repayment of financial «sheet may lead to fines, jail	at is true, complete, and accurate to the best of my ment or misrepresentation will be cause for denial, aid. Also, purposely giving false or misleading sentences, or both. I authorize the University at t of the updated information that I have provided.	
Student Signature:	(Cannot be typed)	Date:	

Phone: 716-645-8232

Website: financialaid.buffalo.edu