

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

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Person Number: \_\_\_\_\_

### Instructions

The estimated cost of attendance (COA) represents an estimate of the costs to attend University at Buffalo for an academic year. The budget components in the COA are averages of tuition, fees, supplies, living expenses, transportation costs, and modest personal expenses. Budget Increases will only be considered for **education-related expenses** which exceed the budget components. The request for a budget increase to the budget components does not guarantee that an adjustment will be made. Your request may be denied. Budget requests greater than 10% of budget will need a statement explaining the excess and additional review.

### Documentation and submission

For the Study Abroad budget increase, go the Education Abroad webpage:

<https://www.buffalo.edu/educationabroad/projects/ProgramSearch.html>

Under *Fall Programs*, click on the program you are attending. Under *Costs*, you will print the fall budget for your program.

Submit the program budget along with proof of your attendance in the program with this Budget Increase Form utilizing one of the options below.

- Electronically via the Secure [Document Upload Center](#)
- Fax to 716-645-6566
- By mail to financial aid at 1Capen, Capen Hall, Buffalo, NY 14260
  - Do not send by email. Email is not a secure form of communication.

**Note: All Financial Aid Forms/Uploads require your legal name.**

### Certification and Signature – Please **handwrite** your signature. Typed Signatures cannot be accepted.

I certify that all information provided in this document is true, complete, and accurate to the best of my knowledge. I further understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid. Also, purposely giving false or misleading information on this worksheet may lead to fines, jail sentences, or both. I authorize the University at Buffalo to make any change(s) necessary as a result of the updated information that I have provided.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Cannot be typed)