**Study Abroad Cost of Attendance Adjustment Request (SABUDG)**

UNC Asheville Office of Financial Aid ♦ One University Heights ♦ Brown Hall CPO# 1330 ♦ Asheville, NC 28804 ♦ (828) 251-6535

financialaid.unca.edu

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Student’s Name: __________________________________________

Student’s ID #: 9 3 0 __ __ __ __ __ __

Student’s UNC Asheville Email Address: _________________________________

Student’s Phone Number: ( __ __ ) __ __ __ - __ __ __

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Complete this form in its entirety, provide the requested documentation, and return to the **Study Abroad Office** at 28 Ramsey Library CPO# 1560.

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Country: __________________________________________

Graduation Date is ________________ (month/year)

Program: __________________________________________

Major(s): __________________________________________

Travel Dates: __________________________________________

Minor(s): __________________________________________

**Study Abroad hours will be registered in (Semester/Year):** __________________________

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**My expectations of receiving financial aid for this study abroad are (Check all that apply):**

☐ I have seen a Financial Aid Counselor & have found out my eligibility for aid.

☐ I do not want an increase in aid over what I have already accepted this year.

☐ I wish to be offered the maximum aid possible from all possible sources including loans.

☐ I wish to be offered the maximum aid possible from all possible sources excluding loans.

☐ I am receiving a scholarship and/or stipend specifically for this Study Abroad.

☐ I do not want any loans offered; I will not accept them.

☐ I will only use a private loan.

☐ My parent(s) will be applying for a Parent Plus Loan.

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**For Financial Aid Office Review ONLY:**

Request reviewed by: __________________________ Date: ____________

Request approved by: __________________________ Date: ____________
Your Cost of Attendance (COA) is a budgetary item used to calculate the amount of financial aid in which you are eligible.

**INCREASING YOUR COST OF ATTENDANCE DOES NOT GUARANTEE THAT YOU WILL RECEIVE MORE AID.**

$ ____________ Total Cost of Tuition and Required Fees:
(Provide either a written statement from the study abroad program or a bill reflecting relevant charges)

$ ____________ Room and Board:
(Provide either a written statement from the study abroad program or a bill reflecting relevant charges)

$ ____________ Books:

$ ____________ Mandatory Insurance (not covered in required fees)

$ ____________ Travel (Visa, Passport, Flight)
(Provide a receipt or invoice reflecting relevant charges)

$ __700/semester__ Personal Expenses
(This is a fixed cost that may not be changed)

$ ____________ Total Expected Expenses:

___________________________________________  _____________________
Office of Study Abroad Approval           Date

IF ANY INFORMATION CHANGES (i.e. dates, credit hours, or anything else about the program) the student is required to notify the Financial Aid Office. You eligibility may then be recalculated.

Student Signature: ____________________________ Date: _____________