



SMUSM

Estimated Monthly Expenses for Graduate and Professional Students

Student Request for Adjustment to the Cost of Attendance Professional Judgment Worksheet

Name _____ SMU ID _____

SMU Email _____ Telephone # _____

PLEASE READ THIS SECTION CAREFULLY! Initial supporting documentation is required for each of the items below and must be submitted along with this form. Upon review, additional documentation may be requested if necessary. Items claimed on this form that do not include supporting documents will not be considered and the amount will be excluded from the calculation. Failure to provide documentation could result in a reduction of eligibility. **All supporting documentation must be clearly labeled and referenced back to one of the items above.**

Fixed Monthly Expenses

(The expense/payment does not change from month to month)

Mortgage / Rent \$ _____
Car payment (Max \$600) \$ _____
Car Insurance \$ _____
Health Insurance \$ _____
Child care \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

**Sub-Total for
Fixed Monthly** \$ _____

Variable Monthly Expenses

(The expense/payment amount will vary from month to month. Please provide a three month average)

Utilities - Gas \$ _____
Electric \$ _____
Water \$ _____
Misc. \$ _____
Cable/Internet \$ _____
Phone \$ _____
Food \$ _____
(Documentation not required for food)

**Sub-Total for
Variable Monthly** \$ _____

Other Monthly Expenses

(Additional monthly expenses you may have. (Example. Elder or disabled family member care, Monthly Medical expenses, prescriptions, Special needs for child))

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

**Sub-Total for
Additional Monthly** \$ _____

"One-Time" Expenses or Special Circumstances (Supporting documentation required)

Student
Signature _____

Date: _____

Office of Graduate Financial Aid
P.O. Box 750181 Dallas, TX 75206
Phone: 214-768-3417 • Fax: 214-768-4119

(For Office Use Only)

_____ Fixed Monthly \$ _____ Terms Covered: Fall (4 mnths)
(Circle Terms)
_____ Variable Monthly \$ _____ Sprg (5mnths)
_____ Additional Monthly \$ _____ Sum (3 mnths)

_____ X _____ = _____ + _____ = _____
Monthly # Months Total Term Single/Special Total COA
Expenses Calc'd Adjust +/- Expenses Adjust +/-

Reviewed by:

Date