

## 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 supposes submitted along with this form. Upon review, addition form that do not include supporting documents will not a failure to provide documentation could result in a redulabeled and referenced back to one of the item.	nal documentation may be request ot be considered and the amount w uction of eligibility. <b>All supporti</b>	ed if necessary. Items claimed on this ill be excluded from the calculation.
Fixed Monthly Expenses Varia	ble Monthly Expenses	Other Monthly Expenses
(The expense/payment does not change from month to month) (The expense from month to month)	xpense/payment amount will om month to month. Please e a three month average)	(Additional monthly expenses you may have. (Example. Elder or disabled family member care, Monthly Medical expenses,
Car payment (Max \$600)       \$	## S - Gas \$  Electric \$  Water \$  Misc. \$  Internet \$  \$  enentation not required for food	prescriptions, Special needs for child)  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Fired Manthle &	otal for ble Monthly \$	Sub-Total for Additional Monthly \$
"One-Time" Expenses or Special Circumstances		Office Use Only)
	Fixed Monthly \$	Terms Covered: Fall (4 mnths)
Student Signature	Variable Monthly	(Circle Terms) \$ Sprg (5mnths)
Date:	Additional Monthl	Sum (3 mnths)
Office of Graduate Financial Aid P.O. Box 750181 Dallas, TX 75206 Phone: 214-768-3417 • Fax: 214-768-4119	Monthly # Months Tot	al Term Single/Special Total COA ust +/- Expenses Adjust +/-