

Parent Signature (if applicable)

Undergraduate Students Estimated Monthly Expense Form

This form is to be completed by a student enrolled as an **Undergraduate** at SMU. If you are enrolled in a Graduate or Professional program, you must complete the Graduate Monthly Expense form which can be downloaded through the forms library on the SMU Financial Aid webpage.

Student Name Student Email		Student ID Number
		Student Telephone Number
Please complete and sub	omit this form along with all su	pporting documentation to your Financial Aid Adviso
•		h of the following. Items listed without supporting
documentation will be e	xcluded from consideration. Al	l documentation must be in student's name or provi
tatement of paid receipt by student.		
Expense	Amount per Month	Required Documentation
Monthly Rent	\$	Rental Agreement/ Lease
Utilities – Gas	\$	Copy of gas bill
Electric	\$	Copy of utility bill
Water	\$	Copy of water bill
Phone	\$	Copy of telephone bill
Cable/Internet	\$	Copy of cable/internet bill
Food/Personal Items	\$	Provide estimated food expense for one month only
Cell Phone	\$	Copy of cell phone bill
Car Payment	\$	Include ONLY if the car is registered in the student's name. Must provide copy of car title or registration. Otherwise, \$0.00
Car Insurance	\$	Copy of insurance billing statement. Insurance and billing statement must be in the student's name
Health Insurance	\$	Document ONLY if the insurance is in the student's name. If you are covered under your parents insurance, leave blank.
Other	\$	Documentation Required
Other	\$	Documentation Required
TOTAL EXPENSES	\$0.00	
Student Signature		 Date

Date