



Dr. H.A. Miller Student Services Center
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Budget Revision Request 2023-2024

CCC ID: _____ Name: _____

I request that my cost of attendance budget be revised due to the following reasons:

Travel:

City: _____ State: _____ Zip Code: _____

Child Care Expenses: *statement from childcare provider required*

Child Care Provider: _____ Number of Children: _____

Number of Hours per week per child: _____ Cost per Hour: _____

Program Fees:

Name of Program: _____ Amount of Additional Fees: _____

Books - List Cost of Books:

Title: _____ Title: _____ Title: _____

Title: _____ Title: _____ Title: _____

Other: _____

For Office Use Only

Budget	Original Budget	Requested Adjustment	Reason for Adjustment	Revised Budget
Tuition				
Fees				
Food and Housing				
Books				
Travel				
Child Cares Expenses				
Disability				
Miscellaneous				
Other				
Total:				

Signature: _____ **Date:** _____