## UNIVERSITY OF ILLINOIS CHICAGO – Office of Student Financial Aid and Scholarships 1200 W. Harrison Street, M/C 334 -- Chicago, Illinois 60607-7163 -- Phone: (312) 996-3126



## 2024-2025 Budget Adjustment – University Housing and Meal Plan

Section A – Student Information (Please print clearly)											
Last Name	First	Name	M.	l.			Email				
Section B –	University Ho	ousing and	Meal Plan								
current situatio	i <mark>ve amount</mark> of the on, your Cost of At oct and meal plan.										of your
Current Room	n & Board Budget	t (from financ	ial notificatio	n): \$		_					
Housing Cont	ract: Submit a co	opy of your h	ousing contra	ıct.							
Contract: \$	Chec	k Terms: Fall	Spring S	Summer							
Meal Plan: Su	bmit a copy of yo	our meal plan									
Meal Plan: \$_	Check	Terms: Fall_	_ Spring S	ummer							
Section C -	Statement of	Certificatio	n								
IMPORTANT:	Return this form  1. Clearly print  2. Include all a	UIN on every	page of 8 1/2				nitting de	ocumen	tation:		
I certify that the	e information provi	ided on this fo	rm and any att	achments a	are true	and corr	ect.				
Student Signature: Date:								_			
ENTER YO	OUR 9-DIGIT <b>UIN</b>	<b>→</b>									
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2425	BDAR-O	В									