



Student Financial Aid

University of Missouri

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MizzouSFA

Student Name (Last, First)	myZou Student ID Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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2017-2018 Budget Increase Request Form

The Student Financial Aid Office understands a student may have education expenses beyond those already assessed in their estimated cost of attendance. There are circumstances for a student to increase the cost of attendance to allow a student to receive additional loan money.

In order for a student to be eligible for the circumstances below, the cost must have been incurred between **July 1, 2017 and May 15, 2018.**

Below is a list circumstances and documents needed for the budget increase:

- **ENROLLMENT:** *Undergraduates enrolled more than 14 hours/Graduates enrolled more than 8 hours/Post-comp Doctoral students enrolled in more than 2 hours*
 - *To request:* budget increase for this reason, e-mail your assigned financial aid advisor
- **CAR REPAIR COST:** *Does not apply to the purchase of a new car*
 - *To request:* provide your financial aid advisor with paid car repair receipts which confirm you (the student) paid the charges. If your receipt does not show payment, we can accept the receipt and a cancelled check/or credit card statement showing your payment
- **COMPUTER PURCHASE**
 - *To request:* provide your financial aid advisor with receipt from computer purchase (the student) paid the charges. The budget will be increased to actual cost or up to \$1,800. If your receipt does not show payment, we can accept the receipt and a cancelled check /or credit card statement showing your payment
- **CHILDCARE EXPENSES**
 - *To request:* provide your financial aid advisor with the Childcare Expense Worksheet 2017-2018 (<http://financialaid.missouri.edu/forms/change.php>) filled out by you and your child care provider
- **MEDICAL/DENTAL/VISION EXPENSES:** For expenses paid in 2017 not reimbursed by your insurance (the total amount of expenses must exceed 11% of your "Income Protection Allowance" (IPA).
 - *To request:* provide your financial aid advisor with paid medical expense receipts, or 2016 Schedule A. If your receipt does not show payment, we can accept the receipt and a cancelled check /or credit card statement showing your payment
- **COMMUTER TRANSPORTATION EXPENSE:** *Student must live 30 miles or more away from campus, while attending classes on campus*
 - *To request:* meet with financial aid advisor, schedule through MU Connect.
- **SPECIAL CIRCUMSTANCES:** i.e. required travel for degree (must be educationally related and required for program)
 - *To request:* provide financial aid advisor with letter from your academic department stating that travel is required.

I agree to allow the financial aid administrator to review my information to determine if my request can be accommodated. I further understand I may be asked for additional information or my request can be partially or completely denied. I understand if this form is incomplete or lacks the required documentation, no action will be taken.

Signature:

Student _____ Date _____