SOUTHERN ILLINOIS UNIVERSITY SCHOOL OF MEDICINE - Office of Student Financial Aid

Springfield Campus: P.O. Box 19624, M/C 9624 -- Springfield, Illinois 62794-9624 -- Phone: (217) 545-2223

2019-2020 Request for Budget Adjustment

Section	A – Student Information (Ple	ease print clearly)			
Last Name	e First Name	M.I.		Email	
Street Add	dress C	City	State	Zip Code	
reflect you review of t federal loa Graduate	the amounts in your cost of attendar or current situation, you may be eligit he documentation submitted, you wi ans. Therefore if your request is app PLUS and/or private loans may be a p semesters.	ole to have your COA r ill be notified according roved and you have re	e-evaluated. If your land a cached your loan	our financial aid eligibility changes unggregate loan limits restrict eligibilit limits, only your eligibility for Federa	y fo I
	er documentation is not submitted 2019/20 academic year (August 20				cur
		ites for 2019-2020 Bud	-		
Fall Ser	nester: November 4, 2019 Sp	ring Semester: April	8, 2020 Sur	mmer Semester: July 8, 2020	
Section	B – Indicate Reason(s) for B	udget Adjustmen	t Request		
A.	of attendance will be increased is e eligible to receive only one adjust	equal to the actual cos ment for a device during cumentation required:	t of the device, or ng his/her tenure Copy of official r	naximum amount that a student's co \$2,000, whichever is less. A studer at UICOM. Adjustments are not eceipt, including date and itemized	
B.	may have their budget increased. Covered by insurance will be consi component (\$2200 for fall/ spring,	Only procedures that a dered. Note: the COM \$828 for summer) can ses exceed \$550 and intenting that treatment is	re deemed medic OSFA assumes be for medical ex f expenses excees medically neces	s during the 2019-2020 academic yeally necessary by a physician and a 25% of the 'Personal Expenses' but spenses. So for example, a fall/ spred \$207 for summer. Documentation as ary. Copies of paid receipts.	not dge ing
ENTER	R YOUR DAWG TAG #				

D.	Auto Expenses Students with	n auto exn	enses during the 2019-20 academic year may appea	al for a hudget		
	increase. Note: an appeal will of etc) exceed the 'Transportation increase for transportation exp Documentation required: Year, Note: Student might need to present the expension of the expensio	only be con' budget of enses is \$ make/modes make/modes	considered once a student's total auto expenses (repair component (\$1350 fall/ spring, \$552 for summer). The \$1000. Note: for accidents, only the deductible will be del of car. Paid receipts detailing services rendered a cumentation of other auto expenses (gas, parking, inserted than the budgeted amount.	ir, insurance, gas, le maximum yearly e applicable. and amount owed.		
E.	Child Healthcare Costs. For a student with child(ren), an allowance for dependent healthcare costs (health insurance or medical expenses) may be included in the budget. Only students with sole custody will see an increase equal to their costs (students with a spouse can get an increase for half of documented child health care expenses). Documentation required: for health insurance; a receipt or canceled check showing payment for insurance. For medical expenses; an explanation of benefits that shows dates of service, services rendered, amount paid by insurance, and the amount of the student's responsibility. Note: If the student has a spouse, provide documentation showing the child is not covered by the spouse's insurance. In the case of sole custody where the student has university health insurance but the child does not, provide documentation showing custody/divorce decree.					
F.	may be included in your cost o class time, study time, field wo allowance will be based on the community for the kind of care Documentation required: copie	f attendan rk, interns number a provided. es of three	ents, an allowance for costs expected to be incurred force. This covers care during periods that include, but ships, and commuting time for the student. If approve and age of such dependents and will not exceed reast Monthly expenses are divided in half if student is mannonths of cancelled checks (front and back) and/or form below must also be completed.	t are not limited to, ed, the amount of the conable costs in the arried.		
Child Ca	are (Only need to complet	e if you	checked letter F above)			
What is y	our current martial status: ()	Single	() Married () Separated/Divorced			
	our current martial status: ()	Single Age	() Married () Separated/Divorced Monthly Babysitting/Daycare Costs	Number of Months*		
Name (of Legal Dependent	Age	Monthly Babysitting/Daycare Costs ng the 2019-20 academic year (August 2019 - May 2	Months*		
Number of (May 2020) Certification in the united states the control of the cont	of Legal Dependent of months you will be paying child 0 – July 2020) would need to be a	Age d care during separate	Monthly Babysitting/Daycare Costs ng the 2019-20 academic year (August 2019 - May 2	Months		
Number of (May 2020) Certification the unimonths in the unimonth in the un	of Legal Dependent of months you will be paying child 0 – July 2020) would need to be a strict of child care provider dersigned, certify that the information of the contract	Age d care during separate	Monthly Babysitting/Daycare Costs Ing the 2019-20 academic year (August 2019 - May 2) request.	Months		
Number of (May 2020) Certification in the unimonths of Signature.	of Legal Dependent of months you will be paying child 0 – July 2020) would need to be a ation of child care provider dersigned, certify that the informatis correct).	Age d care during a separate	Monthly Babysitting/Daycare Costs Ing the 2019-20 academic year (August 2019 - May 2) a request. In above (name of legal dependents, ages, costs and	Months		
Number of (May 2020) Certification in the unmonths of Signature.	of Legal Dependent of months you will be paying child 0 – July 2020) would need to be a ation of child care provider dersigned, certify that the informatis correct). re of child care provider C – Statement of Certifica	Age d care during a separate ation listed	Monthly Babysitting/Daycare Costs Ing the 2019-20 academic year (August 2019 - May 2) a request. In above (name of legal dependents, ages, costs and	Months		
Number of (May 2020) Certification in the unmonths of Signature.	of Legal Dependent of months you will be paying child 0 – July 2020) would need to be a ation of child care provider dersigned, certify that the informatis correct). re of child care provider C – Statement of Certifica	Age d care during a separate ation listed	Monthly Babysitting/Daycare Costs Ing the 2019-20 academic year (August 2019 - May 2 request. Id above (name of legal dependents, ages, costs and Telephone number	Months		