### 2023-2024 Budget Increase Request

**Office of Graduate Financial Aid**  
Phone: (714) 628-2730  
gradfinaid@chapman.edu

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**Student Name**  
**ID Number**

You may use this form to request a review of your aid eligibility because of extenuating circumstances. Changes resulting from this review do not guarantee an increase in aid. Please allow up to 5 business days for processing after all the required documentation has been received. *Your request will not be considered without supporting documentation attached and required signatures.*

#### 2023 Transportation Budget Increase (Academic Year)

If you commute more than 200 miles per week to and from campus (or internships/school related activities)

**Please provide the following documentation:**
- A letter detailing your daily commute to campus
- Mileage report (Google Maps/MapQuest)

#### 2023 Unusual MEDICAL and/or DENTAL EXPENSES (Academic Year)

(All bills paid by student/spouse that are not covered by insurance during the current academic year)

**Please provide the following documentation:**
- An itemized list of expenses claimed
- Copies of receipts for expenses from Hospitals/Clinics/Doctor’s Office
- Letter of explanation detailing your paid and/or projected expenses

- **CHILD CARE SUPPORT (Academic Year)**
  
  Child care/day care expenses for dependent children (expenses will be shared by both parents)
  
  **Please provide the following documentation:**
  - Name, age, relationship of relative(s) and month the support began/expected date support will end.
  - For child care, proof of payment (day care contract or cancelled checks)

- **COMPUTER (ONE TIME INCREASE)**
  
  - The maximum COA increase for the purchase of a computer is $2,000, which may include the cost of a printer and other peripheral devices. However, it includes only the cost of one computer.
  - PLEASE ATTACH: a copy of the paid receipt to verify your computer expense. The documentation submitted must demonstrate that the computer expense was paid by you during the 2023/2024 academic year.

- **TRAVEL COURSE FEE**
  
  - Are you receiving a reimbursement for any of these fees? Yes ☐  No ☐
  - If yes, how much? __________________

- **OTHER**
  
  - Please provide all supporting documentation and letter explaining your special circumstance.

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**CERTIFICATION STATEMENT**

I CERTIFY THE SUBMITTED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE READ EACH SECTION AND HAVE PROVIDED THE REQUIRED DOCUMENTATION.

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**Student Signature**  
**Date**

**Student Name (Please Print)**  
**Student Phone**