



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.

2026 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)

2026 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 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 \$2,500, 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 2026/2027 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.

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.

STUDENT SIGNATURE

DATE

STUDENT NAME (PLEASE PRINT)

STUDENT PHONE