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.

☐ 2019 Transportation Budget Increase (Academic Year)
   If you commute more than 30 miles per day 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)

☐ 2019 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)

☐ FILM PROJECTS
   - For Thesis Projects: submit a copy of the thesis proposal and Approved film budget (must include name of director, producer, and cinematographer and amount each is responsible for). Maximum budget increase is $18,000.
   - For Director Cycle Projects the maximum budget increase is $2500

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