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.

☐ **2020 Transportation Budget Increase (Academic Year)**
If you commute more than 200 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)

☐ **2020 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 __________________________