

Name (printed)

University ID Number

E-mail

Phone

Please document expenses in excess of the Cost of Attendance

Fall Semester

Spring Semester

Summer Semester

\$ _____	<p>Books/Supplies/Special Course Fees: <i>I paid more than the estimated amount for my books and supplies.</i></p> <ul style="list-style-type: none"> • Provide copies of receipts for books, supplies, and/or special course fees • A letter/email from your professor may be requested to verify required books and supplies 												
\$ _____	<p>Transportation: <i>I have transportation expenses needed to complete my course(s) of study.</i> Not considered: purchase of a vehicle, car payments, insurance, license, registration, and general maintenance</p> <ul style="list-style-type: none"> • Commuters: provide starting and ending address for travel directly related to education (ie: home to ISU) 												
\$ _____	<p>NAVLE Registration <i>I paid the registration fee for the national and/or state NAVLE</i> Not considered: NAVLE preparatory materials and study guides</p> <ul style="list-style-type: none"> • Provide proof of NAVLE payment 												
\$ _____	<p>Healthcare: <i>I have healthcare expenses that are not covered by insurance, or by other sources.</i></p> <ul style="list-style-type: none"> • Provide receipts/bills of the expenses that are not reimbursed by insurance or other sources 												
\$ _____	<p>Conference related to Veterinary Medicine <i>(Only one conference adjustment is allowed per semester)</i></p> <ul style="list-style-type: none"> • Provide documentation showing the costs associated with the conference (e.g., confirmation of conference fee and registration, cost of hotel, food, transportation) • A letter from a professor may be requested to verify conference attendance is related to program of study 												
\$ _____	<p>Miscellaneous: <i>I have other education related expenses that do not fit in any other category.</i> Not considered: housing, food, and consumer bills (utilities, cell phone, cable, credit card, etc.)</p> <ul style="list-style-type: none"> • Provide supporting documentation and a letter explaining the additional expenses 												
<p>Childcare: <i>This adjustment request is considered for one semester only and must be completed each semester that you incur childcare expenses for your dependent children.</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Name of Child</th> <th style="width: 10%;">Age</th> <th style="width: 35%;">Name of Childcare Provider</th> <th style="width: 20%;">Out-of-Pocket Weekly Childcare Expenses</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td style="text-align: center;">\$</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td style="text-align: center;">\$</td> </tr> </tbody> </table> <p><i>If your spouse is also a student and receiving federal financial aid, please list his/her name and the college he/she is attending. If both you and your spouse are receiving federal financial aid, then only one may receive this adjustment.</i></p>		Name of Child	Age	Name of Childcare Provider	Out-of-Pocket Weekly Childcare Expenses				\$				\$
Name of Child	Age	Name of Childcare Provider	Out-of-Pocket Weekly Childcare Expenses										
			\$										
			\$										
Spouse's Name (printed)	Spouse's College												

By signing this form, I certify that the information provided within this request is accurate. I agree to provide the Office of Student Financial Aid additional information if necessary. I acknowledge that I may be liable for repayment of any financial assistance received if the information that I am providing is inaccurate.

Student Signature (computer-generated signature will not be accepted)

Date

FOR OFFICE USE ONLY			
Adjustment made: \$ _____	Semester _____	Date _____	Denied _____ Advisor _____
Comment: _____			

