



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.

2022 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)

2022 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