

**BUDGET ADJUSTMENT REQUEST**

**2015-2016**

**BUDADJ**

This Space For Office Use Only – Please leave blank

STUDENT NAME: \_\_\_\_\_ Student ID #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL \_\_\_\_\_ Phone \_\_\_\_\_

Fall Semester \_\_\_\_ Spring Semester \_\_\_\_ Summer Semester \_\_\_\_

- Indicate below any expenses that you feel are over and above the average student budget. Non-educational expenses that you would incur even if you were not enrolled in school are not taken into consideration (for example: car payment/insurance).
- A separate Budget Adjustment Request – Child Care form must be submitted for childcare expenses.

Budget Item – Check those that apply

<input type="checkbox"/> Tuition/Fees	FSU Tuition charges for the semester	_____ /Sem.
<input type="checkbox"/> Room and Board	Include monthly housing payment, utilities and personal food costs	_____ /Mo.
<input type="checkbox"/> Books/Supplies	Indicate amounts for books/supplies required for your courses	_____ /Sem.
<input type="checkbox"/> Transportation	Indicate estimate of travel costs with detailed explanation	_____ /Sem.
	Total Mileage est. for semester with detailed explanation on separate sheet	_____ Miles
<input type="checkbox"/> Other	Any other Education expense you feel should be included such as tools etc.	_____ /Sem.

**DOCUMENTATION IS REQUIRED**

**Attach separate sheet outlining why you feel your educational expenses exceed the estimate used to calculate your financial aid. You must provide documentation to support any expenses such as rent, utilities, books etc.**

**Verification of Food Costs and Transportation costs ( as long as a mileage estimate is provided above)are only required on a case by case basis as determined by the Financial Aid Office.**

**ALL DECISIONS BASED ON THIS REQUEST ARE FINAL AND MAY NOT BE APPEALED.**

*The information submitted on this application and all supporting documents, is true and correct to the best of my knowledge. I understand that falsification of the records will result in ineligibility for any type of financial aid.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Comments: \_\_\_\_\_

\_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

\_\_\_\_\_ Approved By: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_