

**Southern Illinois University
School of Medicine**

Request for Adjustment to Student Budget

Section A: To be completed by student

I, _____, request the Financial Aid Office at SIU School of Medicine
Last name First name

to add \$ _____ (minimum loan amount \$150.00) to my financial aid budget for:

(Check one box only)

Fall 2013/Spring 2014 (1ST through 3rd Year Students: Last day to submit form is April 10, 2014)
(4th Year Students: Last day to submit form is March 13, 2014)

Summer 2014 (Last day to submit form is July 10, 2014)

This request is being made to cover the following expenses. (List additions to budget and give justification. Documentation relating to the expenses must accompany your request. Refer to Student Budget/Contribution Adjustment Guidelines attached to your award letter.)

Justification: _____

WARNING: IF THIS FORM IS TO BE USED IN THE PROCESS OF ESTABLISHING ELIGIBILITY FOR FEDERAL STUDENT AID FUNDS, YOU SHOULD KNOW THAT INTENTIONALLY FALSE STATEMENTS OR MISREPRESENTATION MAY SUBJECT THE FILER TO A FINE OR IMPRISONMENT, OR BOTH, UNDER PROVISIONS OF THE UNITED STATES CRIMINAL CODE.

Student's Signature Date

Section B: Financial Aid Office Use Only

Approved Amount \$ _____ See attached award revision.

Rejected: _____

