

Name (printed) _____

University ID Number _____

E-mail _____

Phone _____

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 from your professor or academic adviser may be requested to verify required books and supplies 												
\$ _____	<p>Computer/Tablet purchase: <i>I purchased/leased a computer or tablet.</i> Only one computer or tablet purchase adjustment is allowed during your undergraduate or graduate education</p> <ul style="list-style-type: none"> • Provide documentation of the cost of the computer you purchased/leased (i.e.: receipt or lease agreement) • A letter from a professor or academic adviser may be requested to verify the computer/tablet purchase 												
\$ _____	<p>Transportation: <i>I have transportation expenses needed to complete my course(s) of study.</i> Not considered: purchase of a vehicle, auto loan payments, insurance, license, registration, and general maintenance</p> <ul style="list-style-type: none"> • Provide documentation using a mapping website of roundtrip mileage to and from ISU 												
\$ _____	<p>Healthcare: <i>I purchased the ISU Student and Scholar Health Insurance Program or have documentation of medical expenses paid that exceed the allocated amount for medical expenses in my cost of attendance.</i></p> <ul style="list-style-type: none"> • SSHIP: confirm charge appears on your U-Bill • All other expenses: contact the Office of Student Financial Aid to find out if your additional healthcare expenses can be covered 												
\$ _____	<p>Field Trips and Conferences: <i>I am taking a field trip or attending a conference related to my major.</i> Only one field trip and conference adjustment is allowed per semester</p> <ul style="list-style-type: none"> • Conference: provide proof of registration, printout from travel or hotel website showing lodging costs, and expected transportation expenses <ul style="list-style-type: none"> ○ A letter/email from your professor or academic adviser may be requested • Field Trip: confirm charges are on your U-Bill 												
<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										
			\$										
			\$										
<p>Spouse's Name (printed) _____ Spouse's College _____</p>													

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 (must be hand-signed)

Date

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

