2015-2016 APPEAL FOR BUDGET INCREASE

Print clearly: ________________________________
(Blue or Black ink only)  Last Name  First Name  M.I.  Student Id #

Telephone Number  UT E-mail address

- Approval of your budget increase does not guarantee your eligibility for additional financial aid or availability of certain financial aid funds.
- Documentation to support your request is required in order to have the request evaluated.
- Please check the reason for your appeal.

- **Childcare Expenses:** Attach a signed letter from your childcare provider indicating agreement (include number of children, fees, hours, etc.).
- **Computer Purchase (One time only):** Attach price list or receipts for purchase of computer hardware and course related software. (If approved based on price list, student must provide purchase receipts no later than 6 weeks from approval or prior to the end of the term, whichever comes first.)
- **Internship/Student Teaching:** Attach a letter documenting costs, such as transportation, clothing, etc. Receipts must be provided.
- **Medical Expenses (One time per academic year):** Attach only documentation of expenses you paid out-of-pocket that were not reimbursed in 2014 or 2015. Include a copy of your 2014 tax return transcript if medical expenses were claimed. If claiming prescriptions, please include a summary from the pharmacy showing out-of-pocket expenses. You may obtain a tax return transcript online at www.irs.gov or you can call the IRS at 1-800-908-9946 and follow the prompts to request a Tax Transcript for 2014.
- **Additional Books and Supplies:** Attach copies of course syllabus and bookstore price list or receipts to indicate that the amount exceeds the Office of Financial Aid and Scholarships’ standard allowance.
- **Study Abroad:** Attach a list of documented expenses (tuition, fees, room, board, transportation, etc.) related to your program of study. For ISEP or direct exchange programs, only transportation expenses will be considered.

**STUDENT STATEMENT**

My signature below certifies the above information and attached documentation is true and complete to the best of my knowledge. I understand I may not be eligible for additional financial aid funds due to eligibility requirements or fund availability.

If the appeal is approved and I am eligible for additional funds, I would like to request the following:

- Direct Subsidized Loan  □ Direct Unsubsidized Loan  Loan Amount Requested: $________
- □ Federal Perkins Loan (limited availability)  □ Alternative or Direct GradPlus Loan  □ Direct PLUS Loan
- □ Other_____________________________

Student Signature  Date

**FOR OFFICE USE ONLY**

- Approved  □ Denied
  Comments: ____________________________________________

FAO Signature  Date

Revised 01/09/2015  leh