The cost of attendance, also known as the budget, includes tuition, fees, books, supplies, and estimated personal living expenses. It serves as the maximum amount of aid that you can receive in scholarships, federal loans, and private loans. Please note: Federal regulations only permit increases to the budget for educational-related expenses incurred during the current academic year. Adjustments may take approximately 10 business days.

The Office of Student Financial Services encourages students to evaluate loan options carefully, borrow only what is needed, and remember that loans must be repaid. Before completing this form, please visit the Department of Education’s Loan Repayment Calculators at: http://www.direct.ed.gov/calc.html

Complete this form to request a review of your specific circumstances and an adjustment to your cost of attendance:

STUDENT NAME: _______________________________ ID NUMBER X-______________________________

TELEPHONE: ( ) ____________ - ____________ EMAIL: __________________________________________

ACADEMIC PERIOD (Circle One): SUMMER 2016 FALL 2016 - SPRING 2017

COMMON REASONS FOR REQUEST INCLUDE BUT ARE NOT LIMITED TO:

_____ OFF CAMPUS HOUSING
   The standard cost of attendance allows for $1150 per month in rent/mortgage for a student living off-campus. If your housing expenses exceed this figure, attach a signed copy of a full lease. NOTE: YOUR NAME MUST APPEAR ON THE LEASE

_____ MEDICAL/DENTAL/OPTICAL EXPENSES
   Insurance policies must be in the student’s name. Adjustments are not made for the amounts covered by insurance. Attach copies of all paid receipts. If you require continuing treatment, attach a letter from your doctor and an estimated cost for the necessary treatment.

_____ TRANSPORTATION
   The standard cost of attendance allows for $103 per month in transportation expenses. If your monthly expenses exceed this figure, attach supporting documentation.

_____ OTHER EDUCATIONAL-RELATED EXPENSES
   Please attach a written statement to your documentation explaining the reason(s) for your request.

PLEASE READ AND SIGN
I certify that to the best of my knowledge the information given is complete and accurate. I understand that the Office of Student Financial Services may request additional documentation to support my request. I also realize that if I do not comply with the request for additional proof when asked, my request for a budget increase will not be processed.

____________________________________________________  __________________________
Student’s Signature                              Date

Please return this form to: The Office of Financial Aid Processing Center
St. John’s University
P. O. Box 548
Randolph, MA 02368-0548

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