Professional Judgment for Budget Increase
Student Request Form

Name (please print) ________________________          Student ID # A00__________

Degree Program: □ MD □ DVM □ MPH □ Other ______       Current term _____________

Requesting adjustment for: □ Fall only (Term ____ )        □ Spring only (Term ____ )
                          □ Fall & Spring (Terms ______ )    □ Clinical students: Current Clinical Term ______

GENERAL INFORMATION AND INSTRUCTIONS: Complete the section(s) below for which you are requesting a budget increase. Answer all questions, sign and return this form and all required documentation to your Financial Aid Counselor.

➤ All budget increase request forms and required documentation must be submitted at least 2 weeks prior to the
term end date in order to be eligible for consideration
➤ Students requesting a budget increase must complete Financial Awareness Counseling online at
  www.studentloans.gov prior to submitting request
  □ This online counseling must be completed EACH time a new request for budget increase is submitted
  □ Date Financial Awareness Counseling was completed: ____________________________
➤ Log into www.nslds.ed.gov in order to access your cumulative federal “Financial Aid Review”
  □ Review this information and print and enclose a copy with your budget increase request
➤ A new and updated request form must be submitted to accompany each budget increase request
➤ You will be notified of the results of your request via your SGU email in approximately 2-3 weeks
➤ An increase to your budget will only result in the eligibility to apply for additional student loans (Direct or
  Alternative)
➤ If you do not include the required supporting documentation, your request will not be considered
➤ Federal regulations may change at any time; Increased financial aid eligibility is not guaranteed for future terms
  even if previous requests were approved
➤ The Office of Financial Aid has the right to deny or limit budget increase requests
  □ Prior student indebtedness will be taken into account when determining eligibility

☐ DEPENDENT CARE

➤ Additional loan increase request for students with dependent child(ren)
➤ Budget increase requests for students with a spouse only will not be considered
➤ Students receiving a housing increase will NOT qualify for a dependent care budget increase

• CHILD(REN): □ Yes □ No
  If yes, List name(s) and date of birth:
  ____________________________________________  ____________________________________________
  ____________________________________________  ____________________________________________

• SPOUSE: □ Yes □ No □ N/A
  If yes, list name: _____________________________

• Is your spouse currently enrolled in school (including any online programs)?
  □ Yes (Name of School: ______________________) □ No □ N/A

• Will your spouse be enrolled in school (including any online programs) during the academic year?
  □ Yes (Name of School: ______________________) □ No □ N/A

• Are your children residing with you (in Grenada / UK / during clinical rotations)? ______________________
• Is your spouse residing with you (In Grenada / UK / during clinical rotations)? ___________________________

• Will your spouse be employed during the academic year? □ Yes □ No □ N/A

• Do you have child care expenses for care required in order for you to attend classes/rotations? □ Yes □ No

Required Supporting Documentation: Please check all applicable documentation that will be provided with request.

□ Birth Certificate(s)
□ Marriage Certificate
□ Court Papers stating sole/50% custody or guardianship, or amount of child support responsible for
□ Signed statement from your child care provider verifying the monthly amount you pay or official documentation of child care expenses (i.e. who is providing the care, hourly cost of care, # of hours per week, etc.)
□ Contact information of child care provider to verify information provided, if necessary
□ Any additional documentation that will explain any extenuating circumstances
□ Appropriate documentation has been provided in prior year request and is on file with Office of Financial Aid

□ OTHER

➢ If none of the above conditions apply to your situation, please explain your extenuating circumstances and provide appropriate documentation to substantiate your request. Please explain below or attach a separate statement detailing your situation.

Explanation of extenuating circumstances:

Items that will NOT be considered for budget adjustments at any time: Automobile purchase; additional housing expenses; household repairs; consumer indebtedness (auto loans, credit card payments, etc.); additional food purchases beyond budget; additional expenses related to pet ownership; medical expenses; expenses related to residency or employment interviews; personal travel expenses; telephone bills; additional shipping expenses; Kaplan or other exam review courses.

I understand that there are aggregate limits on Federal loans and Private loans and that it is my responsibility to repay these loans. I have reviewed and understand the estimated increased repayment costs I will be incurring as a result of this request.

The information provided on this form is true and complete. I understand that purposely giving false or misleading information may result in fines, penalties, and/or immediate repayment of aid. If my situation changes as it pertains to the areas for which I have requested an increase (i.e. housing, daycare, airfare, etc.), I agree to promptly inform SGU Office of Financial Aid.

Student Signature _________________________________________________ Date ________/_________/_______

RETURN COMPLETED AND SIGNED FORM TO:
Mailing address: University Support Services, ATTN: Office of Financial Aid • 3500 Sunrise Hwy., Bldg. 300 • Great River, NY 11730
Fax: (631) 666-9162 • E-mail: faid@sgu.edu

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