

**Professional Judgment for Budget Increase
Student Request Form**



Name (please print) _____ Student ID # A0 _____

Degree Program: MD DVM MPH Other _____ Current term _____

**OFFICE OF
FINANCIAL AID**

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 https://nslds.ed.gov/nslds/nslds_SA/ 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*

▪ CHILD(REN): Yes No

If yes, List name(s) and date of birth:

▪ SPOUSE: Yes No 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