

(BUDADJ) Budget Adjustment Request

2024-2025

University of South Florida

Office of Financial Aid • 4202 East Fowler Avenue, SVC 1102 • Tampa, Florida 33620-6960

Student's Name: _____

USF ID: U _____

Date of Birth: ____/____/____
Month Day Year

Guidelines and Instructions:

Financial aid budgets only reflect costs for the student only, because the federal need analysis formula accounts for expenses of family members. Budget adjustments are not a required process and are only considered in certain situations. Restrictions apply to what will be processed.

Before submitting the request form, be sure that you have read and understand the following:

- Only costs incurred during the 2024-2025 academic year and during periods of active enrollment will be considered.
- **You must attach the required documentation (listed below)** that clearly verifies the expenses paid or estimated to be paid.
*Independent Student Medical/Dental Expenses Budget Adjustment has to provide paid receipts or a valid payment plan. No estimated receipts are acceptable
- The minimum adjustment amount that will be considered is \$100 per term.
- The only source of additional financial assistance from this process is loans.
 - If you do not have remaining federal direct loan eligibility, you will need to apply for a PLUS/Grad PLUS loan or a private education loan if your adjustment is approved to receive additional funds.
 - Federal direct loans cannot be increased after the last day of the term.
- The documentation must have the date paid and the amount circled in black ink.
 - Do not use highlighters.
- Additional documentation may be requested upon review of the budget adjustment request before the decision is determined.
- Documentation must be complete, and your USF ID and name should be printed neatly at the top-right corner of each page.

Select the Term:

- Fall 2024 Spring 2025 Summer 2025 USF Health COM Alternative

Indicate below the budget adjustment(s) you are requesting:

○ **(BKSA)** Excess Books & Supplies

A statement itemizing the necessary supplies and cost, as well as the reason the supplies are necessary
Copies of paid/estimated receipts with the following information circled:

Date purchased

Item necessary

Amount paid/estimated to pay

Copy of the course syllabus or letter, on letterhead, from the professor listing the necessary supplies.

If the purchased items could have been purchased utilizing a less expense alternative:

**Information should be provided as to why the more expensive item is required.

○ **(CARA)** Reasonable and Necessary Auto Repairs

Statement indicating the repairs needed and why the repairs were necessary for the functioning of the vehicle.

*Routine procedures and repairs such as oil changes will not be included.

Copies of paid/estimated receipts that clearly show the maintenance performed with the following circled:

Date purchased

Amount paid/estimated to pay

Note: handwritten confirmation of payment is not an acceptable form of proof of payment

○ **(CMPA)** Computer Adjustment

Copies of paid receipts with the following circled:

Date purchased

Item purchased/estimated to purchase

Amount paid/estimated to pay

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○ **(DISA)** Disability Expenses

Letter from the USF Disability Services Office indicating you have a registered disability with their office.

Personal statement explaining

The nature of the disability

The need for the items requested

If you have other assistance that is helping to provide the services or offset the cost

Copies of paid/estimated receipts that have the following **circled**:

Date purchased

Item/service purchased

Amount paid/estimated to pay

If the item/services requested has a comparable alternative available at a lesser expense:

A letter from a knowledgeable professional, on letterhead, that confirms the necessity for the more expensive service/item.

○ **(DPCA)** Dependent Care Expenses

A statement on letterhead from the licensed child care facility indicating your dependent's:

Name(s)

Age(s)

Weekly cost(s)

Dates of enrollment at their facility

If the childcare is provided by a homecare provider, they must provide a notarized letter with the aforementioned information and their license number.

○ **(ISNA)** Cost of Health Insurance for Undergraduate/Graduate Students

Must be required by degree program

Copies of paid receipts with the following **circled**:

Date purchased

Item purchased

Amount paid

○ **(MEDA)** Independent Student Medical/Dental Expenses

*Please also attach the The Budget Adjustment Medical/Dental Addendum Form (**this form is found seperately**)

Required documentation (*paid receipts) in accordance with the instructions on that form

○ **(PRAA)** Professional Attire Expense

Personal statement indicating

The need for the adjustment

Itemizing all items purchased and the amounts paid/estimated to pay

Copies of paid/estimated receipts showing you purchased the items with the following **circled**:

Date purchased

Item purchased/estimated to pay

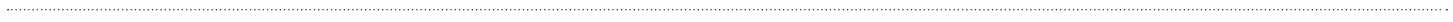
Amount paid/estimated to pay

..... A statement on letterhead from an academic advisor or professor, confirming that

2024-2025



Student's Name: _____ USF ID: U _____



○ **(PRLA)** Professional License

Typewritten Statement indicating

Your major

The professional license

Copy of Published Degree Requirement

Copies of paid/estimated receipts showing you purchased the items with the following **circled**:

Date purchased

Item purchased

Amount paid/estimated to pay

A statement, on letterhead, from an academic advisor or professor confirming that

That the professional license is required for degree completion

○ **(TRNA)** Emergency Travel Home

Personal statement explaining

The nature of the emergency

The necessity for travel home

Supporting documentation confirming the emergency

Copies of paid/estimated receipts for airfare with the following **circled**:

Date purchased

Amount paid/estimated to pay

○ **(TRNA)** Required Travel for Program of Study

*Please also attach the The Budget Adjustment Required Travel Addendum Form (**this form is found seperately**)

A statement, on letterhead, from the USF Official overseeing the travel that the travel is required for the course, student's program, or other degree requirement

○ **(TRNA)** Unusual Cost of Commute

A personal statement indicating

Your address

The number of days you come to campus, or are required to attend other published class requirements (e.g. clinical rotations)

The number of miles that you commute to each location

A computer printout confirming the mileage for each location

If you commute somewhere other than USF for class

Statement must include the location's address

A statement, on letterhead, from the professor or advisor in charge of the requirement confirming

The location

The days travelled to that location

The reason for travelling to that location

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Loan Adjustment

<input type="checkbox"/> Increase my subsidized / unsubsidized loan to	<input type="checkbox"/> Increase my PLUS loan to	<input type="checkbox"/> Increase my private education loan to
<input type="checkbox"/> Maximum I am able to receive	<input type="checkbox"/> Maximum I am able to receive	<input type="checkbox"/> Maximum I am able to receive
<input type="checkbox"/> \$ _____ in additional loans	<input type="checkbox"/> \$ _____ in additional loans	<input type="checkbox"/> \$ _____ in additional loans

Student Certification

All of the expenses on this form, and related costs as evidenced by the attached documentation, are true to the best of my knowledge. I understand that additional documentation may be required in order to process this form at the discretion of the Office of Financial Aid and that submission of this form does not guarantee it will be approved nor does it guarantee that requested increases to loans can be processed.

Signatures should be written in black ink or signed via DocuSign. Electronic signatures and/or those generated by tablets/computers are not acceptable.

Signature: _____

Date: ____/____/____