Financial Aid Revision Request Form

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Name:	UO ID Number:
Academic Year: 20 to 20	Term(s):
Changes to Estimated Student Expe	enses (required documentation is listed on page 2)
directly related to meeting your educational need university aid eligibility to meet the extra educational later than two weeks before the end of each term	estimated student expenses to include reasonable costs that are eds. In some cases, you may not have enough federal, state or ional costs you are incurring. Requests for adjustments made m may not be reviewed in time to be approved. Contact our ming of your request. Documentation MUST be attached (see
Check the box next to the revision you are reque	esting. If you choose other, provide detail in the box below.
 ☐ Commuting from outside the Eugene/Springf area ☐ Commuting for educational purposes related an internship/practicum or child care 	Medical, dental or optometry expenses
Enrollment Level Changes I will be enrolled HALF time: 6-8 credits/term I will be enrolled THREE-QUARTER time: 9- I will be enrolled FULL time: 12+ credits/term	-11 credits/term (7-8 credits for graduates)
Decline Work-Study for Loans ☐ I decline \$ of Work-Study and reque	est that my loan(s) be increased, if eligibility exists.
Terr	ms and Conditions
information supplied is an accurate statement re	d have supplied all required documentation. All of the egarding my current academic year expenses. I understand that aid funding and additional documentation may be requested.
cases, this will result in additional PLUS loan or	and my estimated cost of attendance is increased, in almost all alternative loan eligibility; grant or scholarship funds are not ld be borrowing additional loans which must be repaid.
☐ I accept additional federal student loans to as parent) will apply for a federal PLUS loan or alternative.	ssist with the payment of these costs/changes or I (or my ernative loan.
Signature	Date

Financial Aid Revision Request Form

When you make a request for revision to your estimated cost of attendance, you must supply documentation.

Without the required documentation, our office will be unable to process your request.

Commuting from outside the Eugene/Springfield area, commuting for educational purposes related to an internship/practicum, or commuting related to picking children up from a childcare provider

- Attach a statement attesting to your physical address (not your PO Box number) to the Financial Aid Revision Request Form.
- Provide an accounting of the number of days per week, the number of weeks and number of terms you will need to commute to the university.
- To include insurance in your estimated student expenses, attach a copy of your current insurance statement that clearly details what you pay for LIABILITY and UNINSURED DRIVER coverage.
- To include repair costs to your estimated student expenses, attach the bill or estimate for auto service completed to ensure the car is working and safe. Routine maintenance (i.e. oil changes, filters and belt maintenance) is not an approved expense.

NOTE: If you are commuting for an internship/practicum or childcare, you must attach a written explanation for the need to commute to the request for an adjustment to estimated student expenses form.

Housing/rent adjustment

Attach a copy of your applicable rental/lease agreement, including number of tenants on the lease and which utilities (if any) are included. Unless specifically addressed in agreement, we will assume all tenants are responsible for an equal share when considering adjustments. We are only able to increase for reasonable, documented expenses related to your cost of education. In general, we are unable to increase for housing costs for such things as: car spaces, animals, etc.

If you have special circumstances related to your housing/rent adjustment that you would like us to consider and that are not already addressed here, please attach a signed statement.

Medical, dental or optometry expenses for the current academic year

Attach an insurance statement that indicates your out-of-pocket costs for medical procedures.

NOTE: If you do not have insurance, attach a signed statement indicating your lack of insurance and a statement from the medical provider attesting to the medical necessity of the procedure(s) for which you are being billed. Provide the medical bill(s) that indicates the procedures and their costs.

Computer purchase

Attach a receipt, purchase order or online quote to demonstrate your intent to purchase a computer and peripherals.

NOTE: You may receive an adjustment to your estimated student expenses for a computer purchase **once** during your degree program. In most cases, increased funds must be disbursed equally over the course of the academic year.

*Effective Fall 2014 - Doctoral students who have officially advanced to candidacy are considered to be enrolled full time when registered in a minimum of 3 credits of Dissertation (603). However, certain agencies and offices have their own course load requirements. For example, GEs must register for and satisfactorily complete at least 9 graduate credits each term. It is the student's responsibility to register for the required number of credits based on their own individual situation.