

THE UNIVERSITY OF OKLAHOMA
Student Financial Center
1000 Asp Avenue, Room 105
Norman, Oklahoma 73019-4078
Phone (405) 325-9000 Fax (405) 325-7608
www.ou.edu/sfc

2023-2024 BUDGET ADJUSTMENT REQUEST

Your financial aid is based on a standard budget which is an estimate of your cost of attending school for the period you receive financial aid. Below are some of the circumstances for which an adjustment to your standard budget may be considered. Budget increases are made solely at the discretion of the Office of Student Financial Center. All decisions are final.

**CAUTION: Students may request only ONE (1) budget adjustment PER SEMESTER.
If additional costs are anticipated, wait and address all costs on ONE form.
Costs must be incurred during the current school year.**

Student Name: _____ Daytime phone #: _____

Last 4 of SSN #: _____ Sooner ID #: _____

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Child Care

Are you required to pay for childcare during class, study periods, examinations, etc.? Yes _____ No _____

If "Yes" complete this section.

List the names and ages of the children for which day care is required:

How much of this cost is being met by another agency (such as DHS)? \$ _____ /month.

Name of Child Care Facility	Phone number
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Auto Repairs

Have you incurred expenses during the school year for urgent and necessary car repairs without which you could not attend class? (This does not include regular maintenance such as oil changes, "routine" repairs, or cosmetic repairs.) Yes _____ No _____

If "Yes" attach documentation from a mechanic or repair shop of urgent and necessary car repairs without which you could not attend class. Routine auto care such as gasoline, oil changes, and regular maintenance has already been accounted for in your cost of attendance.

SIGNATURE REQUIRED ON BACK OF FORM

Medical Expenses

Your standard budget includes an allowance for routine medical care. Additional allowances may be made only for non-routine or emergency medical expenses not covered by insurance or reimbursed by another source.

A. Have you incurred medical expenses of more than \$1000 during the school year due to non-routine or emergency medical care which were not reimbursed by family, insurance or public assistance?

Yes _____ No _____

B. Do you incur on-going medical expenses of more than \$1000 during the school year for treatment or medication due to a chronic health condition?

Yes _____ No _____ **If you answered yes to either A or B, answer the questions below:**

Do you have medical insurance coverage? (This includes coverage under Medicaid or other public assistance)

_____ Yes Name of insurance company or public agency _____

Report the amount of expenses not reimbursed by insurance: \$ _____

You must attach photocopies of your **"Explanation of Benefits"** statement(s) from your insurance company/ agency showing which charges were reimbursed by insurance, and the dates of service.

_____ No You must attach documentation showing the dates, types, and costs of services provided.

Total expenses (must match documentation) \$ _____

Minus amount paid by family or other sources - \$ _____

Equals Total budget adjustment request for medical = \$ _____

If you have recurring medical expenses such as continued medication or treatment, you must document the expense per individual prescription or treatment and the expected number of prescriptions or treatments to be incurred during the school year.

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Aviation Course Service Charges: Aviation Majors only

Are you an Aviation major? Yes _____ No _____

Aviation majors enrolled in an Aviation course with service charges exceeding \$1000 per semester may request a budget adjustment for these fees. Students may request one adjustment per semester in which the student is enrolled in such a course. Attach verification of actual enrollment in courses with the extraordinary service charges. Financial Aid cannot guarantee total funding of aviation course service charges due to funding limitations and/or federally mandated limits on annual loan amounts that can be borrowed.

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Non-allowable Expenses

Budget adjustments will not be made for:

- a) Licensing fees, professional certification examinations, bar examination fees or costs for extracurricular courses preparing students for such examinations
- b) Any costs for applying to or attending other institutions
- c) Car payments or car insurance payments
- d) Credit card payments
- e) Interview expenses

By submitting this form I am requesting any additional financial aid funds for which I might qualify, including Federal Stafford Loan funds. I understand I may decline or reduce such loans at a later time. I certify that all information provided on and with this form is true and accurate to the best of my knowledge. I understand the penalty for submission of fraudulent information may include repayment of money received, plus a fine and/or imprisonment.

Student Signature

Date