Budget Adjustment Request Form
2012-2013

The purpose of this document is to notify the Office of Student Financial Aid of additional expenses that you, the student, are incurring for the reason listed below. An offer of additional aid is not guaranteed. Each adjustment is reviewed on a case-by-case basis. **KUMC has a “NO” cash policy for budget adjustments.** We must be able to substantiate your expenses. This is a reimbursement process. You will be notified in writing (e-mail) of the outcome of your request.

Budget adjustment forms will be accepted until **May 1, 2013.** Please refer to the Budget Adjustments Policy on our website for more information about budget adjustments. [http://www.kumc.edu/student-services/student-financial-aid/policies/budget-adjustments-policy.html](http://www.kumc.edu/student-services/student-financial-aid/policies/budget-adjustments-policy.html)

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**Name:** ____________________________  **Student ID:** ____________________________

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**Budget Categories**
- Computer Purchase
- Medical/Dental Expenses
- Vehicle Repairs
- Other Expenses
  - Dependent Care (requires a different form called the Dependent Care Budget Adjustment Form)
  - Second Year Medical Student Board Preparation (requires different forms; to be distributed to students separately)

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**Computer Purchase**
A budget adjustment for up to $2500 may be made for the purchase of a computer if your department requires it. Please attach receipts with the student’s name as purchaser for the computer. A one-time purchase of a computer will be funded in the student’s academic career at KUMC, and no adjustments will be accepted during the final term/semester of a student’s academic career. The receipts must be submitted prior to the disbursement of any subsequent financial aid.

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**Vehicle Repairs**
While a student’s financial aid budget includes an allowance for maintenance of a vehicle, an adjustment can be made for car repairs that exceed the budgeted amount. The increase will represent the difference between the actual repairs and budget allowance. The monthly amount for transportation in the budget may be found at this website under the Student Budgets link: [http://www.kumc.edu/studentcenter/financialaid.html](http://www.kumc.edu/studentcenter/financialaid.html). Receipts must be attached for any repairs for which the budget adjustment is requested. Receipts must be submitted prior to the release of any subsequent financial aid. Please describe the repair needed below. (attach additional sheets as necessary).

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**Medical/Dental Expenses**
The student financial aid budget includes an allowance for medical/dental expenses and health insurance. A budget adjustment for medically necessary procedures for the amount which exceeds the budget allowances can be made. After payment of the procedure, the student must submit receipts. Receipts must be submitted prior to any disbursement of subsequent financial aid. **Please attach proof of insurance to this form.**

Please describe the additional medical/dental expense below (attach additional sheets as necessary).
Other
Examples of “other” type of expenses might be the purchase of equipment required by your academic department but not already included in the student’s Cost of Attendance, the addition of loan fees, or an increase for actual tuition expenses that exceed the amount allowed in the student’s Cost of Attendance. If you have questions about the types of documentation required about each of these examples, please contact the Office of Student Financial Aid.

Students having extenuating circumstances other than those described above may wish to make an appointment to meet with a staff member in the Office of Student Financial Aid. Please use the spaces below and attach additional sheets as necessary.

____________________________________________________________________________________

____________________________________________________________________________________

All students must sign:
I attest to the accuracy of the information in this document.

____________________________________________________________________________________

STUDENT'S SIGNATURE                      DATE

If you have requested an adjustment for medical/dental expenses, please sign again below if you authorize our office to contact your insurance provider if clarification is required.

____________________________________________________________________________________

STUDENT'S SIGNATURE                      DATE

For Department Use Only:

Budget Maint. ______
Award Entry ______
Comment ______
Email ______

Date completed ______
By ______