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OFFICE of
**STUDENT
 FINANCIAL AID**

Office of Student Financial Aid
 Carrington Hall, Room 101
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2023-2024 FALL/SPRING
Special Programs Request for Budget Increase for Additional Expenses
 (Summer 2024 forms will be available in May)

Student Name: _____ BearPass #: M _____
Last First (required)

Student budgets are intended to cover the cost of the student for their educationally related expenses. If the student has childcare expenses or is required to relocate for a clinical rotation, the household understandably has additional expenses. Costs must be incurred between **August 1, 2023 and May 9, 2024**. Check the appropriate box and attach documentation.

Deadline for processing: complete ALL required steps and submit form to the fax/email/address above by:
Fall Semester: November 30, 2023 • Spring Semester: April 26, 2024

Indicate Academic Program: (DNAP, DPT, DSS, OT, PA): _____

Semester (select one per form): **Fall 2023** paid expenses only August 1 through December 14, 2023
 Spring 2024 paid expenses only January 1 through May 9, 2024

	Circumstance	Documentation Required <i>(print your BearPass # on each page)</i>
<input type="checkbox"/>	Additional background check/drug screening/immunizations – required for clinical rotation	• Copy of paid receipt in student’s name
<input type="checkbox"/>	Childcare Expenses – for periods of time during class time, study time, field work, research, internships, or commuting time	• Completed & signed Childcare Expense Worksheet 2023-24
<input type="checkbox"/>	Computer Purchase – one-time purchase for current graduate program	• Copy of paid receipt in student’s name
<input type="checkbox"/>	Car Repair Cost - does not apply to the purchase of a new car, annual maintenance, or tires	• Copy of paid receipt in student’s name
<input type="checkbox"/>	Health Insurance Premium (student only) for total cost greater than \$3,475/year	• Copy of paid receipt in student’s name

<input type="checkbox"/> TRAVEL DUE TO CLINICAL ROTATION/INTERNSHIP - experience must be required for current degree program and occur 15 miles or more away from student's current address	<ul style="list-style-type: none"> • Attach documentation from your program department and • Required for Course # _____
Student's beginning address (full address, city, state & zip): <i>(attach proof of residency)</i>	Clinical site address (name of clinic or hospital, full address, city, state & zip): <i>(attach letter of approval)</i>
Start date of clinical rotation:	End date of clinical rotation:
Schedule of rotation <i>(list days and hours—attach separate sheet or agreement)</i> _____ number of round trips to Site #1	

By signing below,

- I acknowledge that I have attached all supporting documentation and that all information submitted is accurate and true to the best of my knowledge.
- I understand that I may be asked for additional information or my request can be partially or completely denied.
- I understand that if this form is incomplete or lacks the required documentation, no action will be taken.
- I understand this request is for one semester and I will need to reapply each semester that my situation warrants.
- I understand that submitting this form does not guarantee that my request will be granted.

 Student's Physical Signature **(No Digital Signatures)**

 Date