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OFFICE of
STUDENT
FINANCIAL AID

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2025-2026 FALL/SPRING

Special Programs Request for Budget Increase for Additional Expenses

(Summer 2026 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 4, 2025 and May 7, 2026.** 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 21, 2025 • Spring Semester: April 1, 2026

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

Semester (select one per form): ☐ Fall 2025 paid expenses only August 4 through December 11, 2025 ☐ Spring 2026 paid expenses only January 1 through May 7, 2026

	Circumstance	Documentation Required (print your BearPass # on each page)
<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 2025-26
<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 \$4,194/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 current residence such as a copy of your rental agreement or mortgage statement)</i>	Clinical site address (name of clinic or hospital, full address, city, state & zip): <i>(attach letter of approval/assignment from clinical advisor)</i>	
Start date of clinical rotation: (within current semester)	End date of clinical rotation: (within current semester)	
Schedule of rotation <i>(list days and hours—attach separate sheet, agreement or schedule)</i> Total number of round trips to clinical site: _____		

OR

<input type="checkbox"/> HOUSING DURING CLINICAL ROTATION [not applicable to DNAP or OT students] (full address, city, state & zip for clinical site and housing): _____ number of months X \$_____ monthly rate	<ul style="list-style-type: none"> • Documentation by your program department • Required for Course # _____ • Copy of current housing arrangement (mortgage statement or lease) in student's name (primary residence) • Copy of lodging agreement (rental agreement, hotel bill) in student's name (secondary)
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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