

Phone: (417) 836-5262
Phone: (800) 283-4243
Fax: (417) 836-8392
FinancialAid@MissouriState.edu
 @MSU_FinAid



OFFICE of
STUDENT
FINANCIAL AID

Office of Student Financial Aid
Carrington Hall, Room 101
901 S. National Ave.
Springfield, MO 65897
www.MissouriState.edu/FinancialAid

2022-2023 FALL/SPRING

Special Programs Request for Budget Increase for Additional Expenses

(Summer 2023 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, 2022 and May 18, 2023**. 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: December 1, 2022 • Spring Semester: May 4, 2023

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

Semester (select one per form): ☐ Fall 2022 paid expenses only August 1 through December 15, 2022 ☐ Spring 2023 paid expenses only January 1 through May 18, 2023

	Circumstance	Documentation Required (print your BearPass # on each page)
☐	Additional background check/drug screening/immunizations – required for clinical rotation	• Copy of paid receipt in student's name
☐	Childcare Expenses – for periods of time during class time, study time, field work, research, internships, or commuting time	• Completed & signed Childcare Expense Worksheet 2022-23
☐	Computer Purchase – one-time purchase for current graduate program	• Copy of paid receipt in student's name
☐	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
☐	Health Insurance Premium (student only) for total cost greater than \$3,475/year	• Copy of paid receipt in student's name

☐

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		• 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