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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

SUMMER 2025

Special Programs Request for Budget Increase for Additional Expenses

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 during your period of enrollment for summer semester and between May 26 – August 1, 2025.

Program start and end dates may vary. Check the appropriate box and attach documentation.

Deadline for processing: please complete ALL required steps and submit form to the fax/email/address above by:
July 11, 2025

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

	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 Summer 2024
<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"> • Documentation by your program department • 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 during summer semester		

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	<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 *(electronic/typed signatures not accepted)*

 Date