

INDIANA UNIVERSITY SOUTHEAST BUDGET ADJUSTMENT FORM 2005-06

PLEASE RETURN THE COMPLETED FORM TO:

Office of Student Financial Assistance
Indiana University Southeast
4201 Grant Line Road
New Albany, IN 47150
(812) 941-2246

Fax (812) 941-2546

Student's Name

Social Security Number

I live with Parents or relatives I live in an apartment I own my own home

Other (please explain)

I. The Budget Adjustment Form is intended for (check all that apply)

Summer I, 2005 Summer II, 2005 Both Summer I and II, 2005

Fall Semester Only Spring Semester Only Academic Year (Fall and Spring)

II. GENERAL INFORMATION

The Office of Student Financial Assistance calculates student expense budgets in compliance with federal regulations by evaluating the direct educational expenses such as tuition, books and supplies. We also calculate an allowance for the indirect educational costs such as room/board, transportation, childcare and miscellaneous expenses. By completing this form, you are requesting a re-evaluation of YOUR estimated costs to attend Indiana University Southeast. If your cost of education is increased, any additional aid awarded will be in the form of loans. It is also possible that the completion of this form will not result in any additional eligibility. You will be informed as to the result of the review of the information you provided.

III. INSTRUCTIONS

List your monthly expenses in each of the categories below. Costs listed must be for you and should not include expenses of roommates, spouses or dependents (other than child care costs that you incur for your dependents during the time you are in school). If you have expenses that do not fit into one of the categories, or a substantial one-time expense (for example, a large medical bill, book/supply expense, etc.), you must attach a letter of explanation with documentation of the expense incurred.

IV. MONTHLY EXPENSES

ROOM AND BOARD (documentation required for all items except food)

Rent/mortgage \$ per month

Food \$ per month

Utilities \$ per month

OVER....OVER.....OVER.....OVER

Homeowners/Renters Insurance \$ _____ per month

Telephone \$ _____ per month

OFFICE USE ONLY

F/T _____

TRANSPORTATION

B _____

The number of miles I drive roundtrip to school each day is _____.

T _____

DAYCARE

C _____

Total monthly childcare costs (documentation required) \$ _____ per month.

M _____

T _____

| Child's Name | Age |
|--------------|-----|
| | |
| | |
| | |
| | |
| | |
| | |

BOOKS(attach receipts) \$ _____ Summer

\$ _____ Fall

\$ _____ Spring

MISCELLANEOUS

Approved _____ Denied _____

Medical/Dental (documentation required) \$ _____ per month Staff _____

Recreation/Personal \$ _____ per month Date _____

Clothing/Laundry \$ _____ per month

Other (documentation required)

| Educationally Related Expense | Cost | Per month, etc. |
|-------------------------------|------|-----------------|
| | | |
| | | |
| | | |
| | | |
| | | |

V. CERTIFICATION

I certify that, to the best of my knowledge, all of the information provided on and with this form is true and correct.

Signature _____

Date _____