BUDGET INCREASE REQUEST FORM

Financial Aid Counselor Seen by Student: ____________________________ Date: __________________

Budget increase request for allowable expenses during the current academic year that are not covered in the standard budget and not paid by any other resource or agency to increase or award:

☐ Federal Direct Loans  ☐ Scholarship  ☐ Stipend  ☐ Other: ____________________________

☐ ACADEMIC YEAR 20____ - 20____  ☐ FALL ONLY  ☐ SPRING ONLY

Last___________________________ First_____________________
Street________________________________________________________________________
City___________________________ State_______ Zip____________
Student’s Telephone Number: ________________________________
Student’s Email Address: ______________________________________
SF State Student ID Number: _________________________________

Return to:
Office of Student Financial Aid
San Francisco State University
1600 Holloway Avenue
Student Services Building
San Francisco, CA  94132-4011
Telephone: (415) 338-7000

Submit the documentation checked below. Incomplete requests will not be processed. Allow 3 weeks for a response from the Financial Aid counselor.

☐ Budget Increase Request Form
☐ Student’s signed statement requesting the budget increase, stating the reason for the request, and describe the expenses you will incur during the current academic year as well as list the amount per day and/or per month and/or total for the academic year and/or semester (please write legibly or type on separate sheet of paper).

Supporting documentation for allowable expenses incurred during current academic year and/or semester:

☐ Computer or computer related allowable expenses. This expense will only be allowed once during the student’s academic career.
Submit: Official receipt verifying purchase or an official estimate for the computer purchase.

☐ Departmental expenses required for your major as verified by Major Department
Submit: Signed letter from department on campus letterhead verifying expenses.

☐ Medical and/or dental expenses during current academic year not covered by insurance (Itemized and/or estimated expenses)
Submit: Signed letter on letterhead from doctor, hospital, or dentist verifying medical expenses incurred or estimated expenses or official documentation verifying payments made.

☐ Mileage (.55 cents per mile, okay to include toll cost per day)
Submit: A signed statement itemizing # of days per week, mileage to and from, toll paid per day & total.

☐ Child care expenses during current academic year
Submit: Signed letter on letterhead from your childcare provider verifying childcare expenses.

Office of Student Financial Aid Use Only