Stony Brook University

Financial Aid

For Office Use Only:	
CommSpeed Key:	9BDGTF
Checklist:	9BUDGF 9PRCOA 9PLCOA

FINANCIAL AID BUDGET INCREASE REQUEST FORM

Name: _____ **SB ID:** _____
Last First M.I.

Telephone Number: _____ **Email:** _____

The financial aid that you were offered is based on a standard cost of attendance (COA). Please review your COA in SOLAR before submitting your request for a budget increase to determine if costs have already been included. Be aware that we can only review ***allowable educational expenses*** for a budget increase. Also, if you are already receiving the annual maximum loan based on your grade level, there may not be any additional aid to offer you.

✓ ***Attach a letter of explanation for requesting a budget increase and submit along with this form.***

Request Period: _____ to _____
(Starting Month) **(Ending Month)**

Budget Category (*Complete items for which you are requesting an increase*)	**Student Cost *(Indicate cost per month)***	**Documentation Required**
Room and Board	$	• Copy of lease or rental agreement • Copy of utility bills specifying your portion (if claiming this expense) • Copy of meal plan or accounting of monthly expenses
Books and Required Equipment/Supplies	$	• Submit receipts for all purchases • Statement from instructor confirming required books, supplies, and/or equipment
Student Health Insurance Cost*	$	• Copy of bill
Personal (child care, dependent living cost, etc.)	$	• Receipts from babysitter or day care center • Receipt from service provider
Computer/Printer Purchase ($2500 max allowance)	$	• Receipt of purchase
Other Educational-Related Expenses	$	• Itemization and documentation of expenses

***** If you &/or your parents (if dependent) have excessive medical expenses not covered by insurance, you may be eligible for a re-evaluation in reducing your Expected Family Contribution (EFC). For more information, visit http://www.stonybrook.edu/commcms/finaid/applying/re-evaluation.html
Please allow 10 business days for processing. When a determination is made, you will be notified on Stony Brook's SOLAR system.

I certify that the information provided on this form is accurate.

Student Signature: _____ **Date:** _____

OFFICE USE ONLY	Reviewed by:	Date:

Financial Aid Mailing and Contact Information

Please mail or fax all documents to the appropriate financial aid department listed below. Be sure to include the student's name and **Stony Brook ID** on all correspondence.

School of Medicine	All Other Graduate and Undergraduate Programs
Office of Student Affairs HSC Level 4, Room 147 Stony Brook, NY 11794-8436 Telephone: 631-444-2341 Fax: 631-444-8921 RSOMFinancialAid@stonybrookmedicine.edu	Office of Financial Aid and Scholarship Services Stony Brook Union, Suite 208 Stony Brook, NY 11794-3252 Telephone: 631-632-6840 Fax: 631-632-9525 finaid@stonybrook.edu