



Rec'd By: _____
Date: _____

FAO Action: _____
By: _____
Date: _____

The University of Mississippi

Office of Financial Aid
Professional Judgment Committee
Post Office Box 1848
Suite 257 Martindale Student Services
University, Mississippi 38677

Telephone: (800) 891-4596
Fax: (662) 915-1164

Dependent Childcare Adjustment Form 2013-2014

Section I. To be completed by student (please print):

STUDENT LAST NAME _____ STUDENT FIRST NAME _____ STUDENT MIDDLE NAME _____
OLE MISS STUDENT NUMBER _____ LOCAL TELEPHONE NUMBER _____ OLE MISS EMAIL ADDRESS _____

Please check the appropriate box indicating your student status:

_____ Undergraduate/Pharmacy (EE 1-3/PY1) _____ Graduate/ Law/ Pharmacy (PY 2-4)

Select the term(s) for which you are requesting this increase in your COA:

Fall 2013 _____ Spring 2014 _____ Summer 2014 _____

Spouse's Name _____ SS# _____
(If applicable)

Spouse is employed: Full time () Part-time () Not currently employed ()

Spouse is student: Full time () Part-time () Not currently a student ()

Child: _____ Age: _____ Relationship: _____

Child: _____ Age: _____ Relationship: _____

Child: _____ Age: _____ Relationship: _____

Student Signature: _____ Date: _____

If approved, increased eligibility will be funded up to the maximum Federal Direct Loan eligibility. If you intend on using a Direct PLUS Loan, Direct Graduate PLUS Loan or a private (alternative) loan for these additional expenses, please check here ☐.

Section II: Complete this form and return it to our office along with the birth certificate of each dependent listed.

This form is used to request an increase in your Cost of Attendance due to child care expenses paid for the student's dependent child(ren). The period for which dependent care is required includes, but is not limited to, class time, study time, field work, internships, and commuting time. An adjustment form must be submitted for each new academic year. A student should be registered for classes before submitting this form. **Based on the local, community, prevailing rate, increases cannot exceed \$600 per month per child.**

Section III: TO BE COMPLETED BY THE CHILD CARE PROVIDER OR ATTACH AN INVOICE FROM THE CHILD CARE PROVIDER

**If child care provider is not a licensed facility, attach receipts or canceled checks.*

Childcare is provided by: Name: _____

Address: _____ Phone: _____

Relationship of childcare provider to student: _____

Number of hours care provided per week: _____ Cost per Week: _____

Did above named children enroll in your daycare on or before August 26, 2013? Yes () No () If you answered no, please indicate date children enrolled. _____

I hereby certify that I provide child care for the above named student and children listed. I also certify that the quoted cost of childcare is accurate as stated.

Provider's signature: _____ Date: _____