Extraordinary Travel Adjustment Form
2015-16

This form is used to request an increase to your Cost of Attendance (COA) for extraordinary travel and/or commuting expenses above the standard travel allotment in the student budget. Budgetary increases can only be considered for the current semester. You may be eligible for a budgetary increase for extraordinary travel expenses if you meet one of the following criteria (please check one):

☐ You live full-time in a town or city other than Oxford, MS (or the location of your satellite campus), AND you commute to the campus at least one day per week for classes.

OR

☐ You are a non-resident student with a permanent address on record with the University of Mississippi that is greater than three hundred fourteen (314) miles from Oxford, MS (or the location of your satellite campus).

PLEASE NOTE: based on the category selected above, additional information/documentation may be required.

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 ___________________________@go.olemiss.edu

☐ Undergraduate/Pharmacy (EE-1/PY1) ☐ Graduate/Law/Pharmacy (PY2-PY4)

If approved, you will be awarded Federal Direct Loans up to your maximum Federal Direct Loan eligibility. If you are at your Federal Direct Loan max and want to use a Direct PLUS Loan (parent loan) or a private/alternative loan, you must indicate so by checking here.

If your scholarships have been reduced, you must indicate so by checking here.

I am requesting an increase in my budget for the amount of $ ____________ (max of $1500 per semester) to cover additional travel expenses above those included in the standard cost of attendance for the following terms (select the terms for which you are requesting this increase in your COA):

☐ Fall, 2015 ☐ Spring, 2016 ☐ Summer, 2016

I certify that the information and documentation provided are complete and true to the best of my knowledge.
I understand that expenses not documented will not be included.

Student Signature: ___________________________________________ Date: ________________