



Extraordinary Travel Adjustment Form
2022-2023

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. Please access the following link for more information about Cost of Attendance: <http://finaid.olemiss.edu/cost-of-attendance/>.

To be completed by student (please print):

STUDENT LAST NAME _____ STUDENT FIRST NAME _____ OLE MISS STUDENT NUMBER _____

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

You may be eligible for a budgetary increase for extraordinary travel expenses if you meet **one** of the following criteria. Based on the category selected below, additional information/documentation may be required. Please check one:

COMMUTER STUDENTS: 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.
(Please note: Budgetary increases for commuter students can be considered for the **current semester or term only**—fall, spring, or summer—you must submit **separate requests** for any subsequent term). *If you are a Pharmacy student commuting to practicum locations, please include all practicum days and locations along with this form.*

OR

NON-RESIDENT STUDENTS: 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: Budgetary increases for non-resident students can be considered for **multiple terms**.)

I am requesting an increase in my cost of attendance (COA) budget in the amount of \$ _____ (maximum of \$1500 per term) to cover additional travel expenses above those included in the standard COA for the following terms (indicate the term for which you are requesting the increase in your COA—**commuter students, select only one**):

____ Fall 2022 ____ Spring 2023 ____ Summer 2023 (*Summer is considered separate from Fall and/or Spring.*)

Please indicate one of the following:

If approved, you will be awarded Federal Direct Student Loans up to your annual eligibility. If you are at your annual Federal Direct Student Loan max and want to use a Direct PLUS Loan (Parent PLUS for dependent undergraduates or Graduate PLUS for graduates/professional students) you must indicate so by checking here:

If you intend to use an alternative (private) loan for these additional expenses, please check here:

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

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

Student Signature: _____ Date: _____