THE UNIVERSITY of MISSISSIPPI

Extraordinary Travel Adjustment Form
2023-2024

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. Increasing your COA to include additional cost for travel **does not guarantee does not guarantee** that you will have remaining eligibility available to increase the amount of financial aid offered to you for the academic year.

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 $1,500 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 2023**   _____**Spring 2024**   _____ **Summer 2024** (*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 intend to borrow 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 borrow an alternative (private) loan for these additional expenses, please check here: ☐

If your scholarships have been previously 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:** _____
            (*actual wet signature, not a digital one)

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