

FAO Action	:
By:	
Date:	

Extraordinary Travel Adjustment Form 2024-2025

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** 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/Pharm	acy (EE-1/PY1) Graduate/I	Law/Pharmacy (PY2-PY4)
		expenses if you meet one of the following criteria. ntation may be required. Please check one:
of your satellite campus (<u>Please note</u> : Budgetary increa fall, spring, or summer—you m	s), AND you commute to the campus ases for commuter students can be cons	sidered for the current semester or term only — subsequent term). <i>If you are a Pharmacy student</i>
the University of Miss the location of your sat	issippi that is greater than three hun	udent with a permanent address on record with adred fourteen (314) miles from Oxford, MS, or onsidered for multiple terms.)
\$1,500 per term) to cover addit		the amount of \$ (maximum of ded in the standard COA for the following terms OA— commuter students, select only one):
Fall 2024Spri	ng 2025 Summer 2025 (Summ	er is considered separate from Fall and/or Spring.)
Please indicate one of the follo	owing:	
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 alter	native (private) loan for these addition	al expenses, please check here:
If your scholarships have been	previously reduced, you must indicate	so by checking here:
	nd documentation provided are comple expenses will not be included.	te and true to the best of my knowledge. I also

Student Signature: _

(*actual wet signature, not a digital one)

Date: _____

Office of Financial Aid | 257 Martindale-Cole Student Services Center | P.O. Box 1848 | University, MS 38677 Phone: 1-800-891-4596 | Fax: 662-915-1164 | Email: <u>finaid@olemiss.edu</u>