

REQUEST FOR BUDGET ADJUSTMENT

University of Connecticut
Office of Student Financial Aid
Services
263 Farmington Ave
Farmington, CT 06030-1827

INSTRUCTIONS

- Submit the completed request to the Office of Student Financial Aid Services, 263 Farmington Ave in Farmington, CT 06030-1827.
- Please provide receipts for expenses incurred.
- If approved, awarded funds will increase a student's indebtedness.

Phone: (860) 679-1364
Website: health.uconn.edu/student-services/financial-aid

SECTION 1: Student Information		
Last Name	First Name	MI
Student ID	Telephone Number	Cell Phone Number
SECTION 2: School/Year in School		
<input type="checkbox"/> School of Dental Medicine	<input type="checkbox"/> First Year	<input type="checkbox"/> Third Year
<input type="checkbox"/> School of Medicine	<input type="checkbox"/> Second Year	<input type="checkbox"/> Fourth Year
SECTION 3: Indicate the reason for your budget adjustment request.		
<p>Childcare/Elder care expenses Please include a letter or appropriate documentation from the provider/facility detailing the agreement.</p> <p>Residency Expenses Please include copies of all receipts for transportation, lodging and ERAS submissions.</p> <p>Away Rotation Expenses Please include copies of receipts for transportation and lodging.</p> <p>Miscellaneous Expenses Please provide an explanation, supporting documents and all receipts for expenses incurred.</p> <p>Student Health Insurance Plan (SHIP) To increase a student's aid to cover the costs of the Student Health Insurance Plan.</p>		

Student's Signature: _____ Date: _____

For office use only:

Approved:

Denied:

OSFAS Representative: _____ Date: _____