



For Office Use Only:	
CommSpeed Key:	9BDGTF
Checklist:	9BUDGF 9PRCOA 9PLCOA

FINANCIAL AID BUDGET INCREASE REQUEST FORM

Name: _____
Last First M.I.

SB ID: _____

Telephone Number: _____

Email: _____

The financial aid that you were offered is based on a standard cost of attendance (COA). Please review your COA in SOLAR before submitting your request for a budget increase to determine if costs have already been included. Be aware that we can only review **allowable educational expenses** for a budget increase. Also, if you are already receiving the annual maximum loan based on your grade level, there may not be any additional aid to offer you.

✓ **Attach a letter of explanation for requesting a budget increase and submit along with this form.**

Request Period: _____ to _____
(Starting Month) (Ending Month)

Budget Category (Complete items for which you are requesting an increase)	Student Cost (Indicate cost per month)	Documentation Required
Room and Board	\$	<ul style="list-style-type: none">Copy of lease or rental agreementCopy of utility bills specifying your portion (if claiming this expense)Copy of meal plan or accounting of monthly expenses
Books and Required Equipment/Supplies	\$	<ul style="list-style-type: none">Submit receipts for all purchasesStatement from instructor confirming required books, supplies, and/or equipment
Student Health Insurance Cost*	\$	<ul style="list-style-type: none">Copy of bill
Personal (child care, dependent living cost, etc.)	\$	<ul style="list-style-type: none">Receipts from babysitter or day care centerReceipt from service provider
Computer/Printer Purchase (\$2500 max allowance)	\$	<ul style="list-style-type: none">Receipt of purchase
Other Educational-Related Expenses	\$	<ul style="list-style-type: none">Itemization and documentation of expenses

* If you &/or your parents (if dependent) have excessive medical expenses not covered by insurance, you may be eligible for a re-evaluation in reducing your Expected Family Contribution (EFC). For more information, visit https://www.stonybrook.edu/commcms/finaid/basics/special_circumstances/re_evaluation.php
Please allow 10 business days for processing. When a determination is made, you will be notified on Stony Brook's SOLAR system.

I certify that the information provided on this form is accurate.

Student Signature: _____

Date: _____