

AURORA UNIVERSITY
REQUEST FOR BUDGET INCREASE

Student Name: _____ **AU ID#** _____

If one of the following is applicable to your situation, you may complete and return this form along with the supporting documentation to the Office of Financial Aid for review. Print the student's name and ID # at the top of all supporting documentation to assure proper identification

No action will be taken if the required documentation is not submitted with this form.

CONDITIONS FOR INCREASE

Check only those that apply. Receipt or proof of payment is required.

- _____ Books (ie: only if expenses exceed \$1,000 per year.)
- _____ Housing (ie: rent, mortgage payment)
- _____ Transportation (ie: major car repair expense.)
- _____ Other (ie: daycare)

NOTES: _____

Student's Signature

Date

Approved: _____ Denied: _____ Date: _____

Reasons: _____

Administrator: _____

02/09