

Rec'd By: _____
Date: _____



FAO Action: _____
By: _____
Date: _____

The University of Mississippi

Office of Financial Aid
Professional Judgment Committee
Post Office Box 1848
Suite 257 Martindale Student Services
University, MS 38677

Telephone: (800) 891-4596
Fax: (662) 915-1164

2007-2008 Extraordinary Travel Adjustment Form

Section I. To be completed by student (please print):

STUDENT LAST NAME _____ STUDENT FIRST NAME _____ STUDENT MIDDLE NAME _____
OLE MISS STUDENT NUMBER _____ LOCAL TELEPHONE NUMBER _____ OLE MISS EMAIL ADDRESS _____

Please check the appropriate box indicating your student status:

_____ Undergraduate/Pharmacy 1-4 _____ Graduate/ Law/ Pharmacy 5-6

If approved, you will be awarded Stafford loans up to your maximum Stafford loan eligibility. If you are at your Stafford max and want to use a parent PLUS loan or an alternative loan, you must indicate so by checking here. _____

This form is used to request special consideration for Federal Student Aid due to additional travel/commuting expenses not considered in the travel allowance in the standard cost of attendance. Also, this form is used to document the additional expenses because your permanent address is greater than ~300 miles (5 hour driving distance) from Oxford, Mississippi. **Documentation necessary:** Attach a copy of a Google map search <http://maps.google.com/maps> (or any internet travel search engine) from your home address to the University of Mississippi campus to document the mileage you drive to/from school. If commuting, advise how many days you commute to campus (i.e. MWF) each week by attaching a copy of your current class schedule. **Increases for commuters will be awarded by semester only based on class schedule.**

I am requesting an increase in my budget for the amount of \$ _____ to cover additional travel expenses above those included in the standard cost of attendance. Select the terms for which you are requesting this increase in your COA: Fall 2007 _____ Spring 2008 _____ Summer 2008 _____

I certify that the information and documentation provided are complete and true to the best of my knowledge. I understand that expenses not documented will not be included.

Student Signature _____ Date _____

