

**Minnesota State University, Mankato**  
**Student Financial Services**  
**Budget Adjustment Request Summer 2008**

**Student Name:** \_\_\_\_\_ **TECH. ID:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

Please complete the name, Tech ID, and address sections above. Complete the signature section on the third page. Complete any sections that apply to the reason(s) for your request and attached requested documentation. The Budget Adjustment Request for Summer 2008 is designed to address the needs of students who have extenuating educational costs not already included in the standard cost of attendance. The Financial Aid Cost of Attendance is based on the average educational costs incurred for students. Below are the situations for which adjustments to your Financial Aid Cost of Attendance may be possible.

**Please Note: Adjustments cannot be made without supporting documentation. Any additional expenses due to extenuating educational costs will be met through student loans only.**

**TRANSPORTATION COSTS**

[ ] **Mileage:** for commuting (minimum of 30 miles one way), student teaching, internships, or nursing program clinical hours.

I commute from: \_\_\_\_\_ to \_\_\_\_\_.

The total round trip miles are \_\_\_\_\_. I commute \_\_\_\_\_ days per week.

NOTE: The budget already includes an estimated \$ 330 for transportation related expenses. When calculating any adjustment, this amount will be deducted from the expenses you indicate for travel. Adjustments for commuting expenses are calculated using \$0.415 per mile to include fuel, standard maintenance costs and insurance costs.

**You will need to provide the following documentation:**

◆ If you will be commuting for an internship, student teaching or clinical, you will need to provide a written statement from your department and any other documentation indicating the site of your work, your residence and the length of time of your program.

**CHILD CARE COSTS**

[ ] Indicate below the children and the number of day care hours necessary to cover education and work obligations. Attach additional sheet if necessary.

Name of Child(ren)	Age(s)	Number of hours per week	Hourly cost per child

**You will need to provide the following documentation:**

◆ Written verification from the daycare provider regarding the number of children, number of hours per week and the hourly cost per child.

**Complete additional pages as appropriate.**  
**Be sure to sign the document.**

## ACADEMIC PROGRAM COSTS

- Aviation Flight Training** – Adjustments are based on the established standard costs submitted for each rating. Please indicate the specific flight rating for which you will be enrolled AND indicate which terms you will be enrolled for that particular rating.

<input type="checkbox"/> <b>AVIA 151 Private Pilot Flight Lab:</b>	Standard Cost: \$7,823
<input type="checkbox"/> <b>AVIA 371 Multi-Engine Flight Lab:</b>	Standard Cost: \$3,981
<input type="checkbox"/> <b>AVIA 261 Instrument Plt Flight Lab:</b>	Standard Cost: \$11,774
<input type="checkbox"/> <b>AVIA 251 Commercial Pilot Flight Lab:</b>	Standard Cost: \$16,050
<input type="checkbox"/> <b>AVIA 381 Flight Instr Flight Lab:</b>	Standard Cost: \$1,499
<input type="checkbox"/> <b>AVIA 382 Multi-Engine Inst Flight Lab:</b>	Standard Cost: \$3,959
<input type="checkbox"/> <b>AVIA 391 Instrument Inst Flight Lab:</b>	Standard Cost: \$3,150

Student Financial Services uses the standard costs provided by North Star Aviation. Costs are updated whenever Student Financial Services is notified of changes. Costs shown are as of November, 2006.

**NOTE:** You must be enrolled for the rating requested before this form will be processed. Financial Aid Cost of Attendance can only be adjusted one time per flight rating. For example, if your Financial Aid Cost of Attendance has been adjusted for "Private Pilot" and you received funding, but you do not complete the rating, the Financial Aid Budget cannot be adjusted for "Private Pilot" again. Be sure of your plan of study before you submit this Budget Adjustment Request. Funding is based on registration for the required flight ratings and flying with North Star Aviation.

**Internship/Student Teaching**

Please designate the terms that apply: \_\_\_\_\_ Site Location: \_\_\_\_\_

**You will need to provide the following documentation:**

- ◆ Written documentation from the department confirming the internship/student teaching site.
- ◆ Written documentation of lodging/housing expenses.
- ◆ Receipts or examples from catalogs/internet shopping sites for any clothing or other supplies. Maximum clothing allowance is \$675.

**NOTE:** The Cost of Attendance for students already includes housing, food, clothing and related expenses. When calculating any adjustment, these amounts will be deducted from the expenses you indicate as appropriate.

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**Study Abroad**

**Note: It is required that students contact the International Programs Office before making travel decisions.**

**You will need to provide the following documentation:**

- ◆ Written documentation from the department and/or the International Programs Office confirming the study abroad and expenses.
- ◆ A signed Consortium Agreement, if you are planning a study abroad experience sponsored by an institution other than Minnesota State Mankato.

Please designate credit enrollment for the trip: \_\_\_\_\_ credits

Trip Destination: \_\_\_\_\_ Sponsoring \* Department or Institution: \_\_\_\_\_

\*The sponsoring Department or Institution is the organization making the arrangements/offering the study abroad experience.

[ ] **Additional credits per term beyond 18 for undergraduate students or 8 for graduate students:**

Specify the total number of credits for the Summer Term: \_\_\_\_\_ credits

[ ] **Other:**

Medical Expenses, occurring during the summer term not covered by insurance (provide documentation): \_\_\_\_\_

Miscellaneous Educational Program Costs e.g. Nursing Clinical expenses, Dental Hygiene kits, etc. (provide documentation): \_\_\_\_\_

**NOTE:** Minnesota State Mankato cannot provide funding for job search or PhD program application related expenses.

**I certify that this information is correct and accurately reflects my extenuating education-related costs.**

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Return by mail to:** Student Financial Services  
**Minnesota State University, Mankato** OR Drop off at the **Campus Hub**  
120 Wigley Administration Center 117 Centennial Student Union  
Mankato, Minnesota 56001

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**FOR OFFICE USE ONLY**

\_\_\_\_\_ **Approved** \_\_\_\_\_ **Denied** \_\_\_\_\_ **Initial** \_\_\_\_\_ **Date** \_\_\_\_\_  
1=Aviation 2=Study Abroad 3=Course of Study 4=Childcare 5=Professional Judgment 6=Other 7=Mileage 8=Summer

**BADJ Code** \_\_\_\_\_ **BADJ Amount** \_\_\_\_\_

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**Summer** \_\_\_\_\_

**NOTES:**