



Office of Financial Aid

2024-2025 GRADUATE STUDENT BUDGET ADJUSTMENT FORM

Name _____

Address _____ City _____ State _____ Zip Code _____

Phone (home) _____ Email _____

Student ID # _____ Semester(s) for which the adjustment is requested _____

F **COST OF LIVING** Complete worksheet below. Your financial aid budget assumes that you have living expenses of \$2261 per month for the months during which you are in school (Law/Atkinson—9 months, PMBA—12 months). Please note that living expenses will be divided equally for households with more than one adult (spouse or roommate) based on federal limitations on what costs can be considered as educational expenses.

List the people in your household and their ages:

Full Name	Age	Relationship

Enter the amount you pay PER MONTH for the following expenses:

Please note: The Office of Financial Aid CAN NOT adjust budget for credit card payments, car loan payments, spousal student loan payments, or amounts not specifically related to living as a student (i.e., cable TV).

Expense Type	Amount
Rent/Mortgage	
Electricity	



Continued on Reverse - Signature Required

F RELOCATION EXPENSES:

I certify that the above information is correct to the best of my knowledge

Signature

Date