



# SIU SCHOOL of MEDICINE

## STUDENT BUDGET ADJUSTMENT REQUEST

### Section A: To be completed by student

I, \_\_\_\_\_, request the Financial Aid Office at SIU School of Medicine  
FULL NAME AND DAWGTAG NUMBER

\$ \_\_\_\_\_ (minimum loan amount \$150.00) to my financial aid budget for: CHECK ONLY ONE BOX

Fall 2024 / Summer 2025 **\*\*FIRST--THIRD YEAR STUDENTS: LAST DAY TO SUBMIT FORM IS: April 7, 2025**  
**\*\*FOURTH YEAR STUDENTS: LAST DAY TO SUBMIT FORM IS: February 28, 2025**

Summer 2025 **\*\*LAST DAY TO SUBMIT FORM IS: June 27, 2025**

#### This request is being made to cover the following expenses.

List additions to budget and give justification. Documentation relating to the expenses must accompany your request.  
Refer to Student Budget/Contribution Adjustment Guidelines attached to your award letter.

#### JUSTIFICATION BELOW

WARNING: IF THIS FORM IS TO BE USED IN THE PROCESS OF ESTABLISHING ELIGIBILITY FOR FEDERAL STUDENT AID FUNDS, YOU SHOULD KNOW THAT INTENTIONALLY FALSE STATEMENTS OR MISREPRESENTATION MAY SUBJECT THE FILER TO A FINE OR IMPRISONMENT, OR BOTH, UNDER PROVISIONS OF THE UNITED STATES CRIMINAL CODE.

Borrower's Signature

Date

### Section B: Financial Aid Office Use Only

APPROVED: Amount \$ \_\_\_\_\_ See attached award revision.

REJECTED:

Leslie Fry, Director of Financial Aid

Date