



Student Financial Aid
 2308 Rendleman Hall Campus Box 1060
 Edwardsville, IL 62026-1060
 Phone: (618) 650-3880 Fax: (618) 650-3885
 Email: finaid@siue.edu Homepage: www.siue.edu/financialaid

**Special Expense
 Form *DENTAL*
 2010-2011**

SPEXPD

Student's Name _____ University ID _____
 (Print: Last, First, Middle)

Home phone _____ Work phone _____ Email _____@siue.edu

Signature _____ Date _____
 (Signature affirms information provided is accurate)

All correspondence from this office will be mailed to your mailing address on file with the University. If a mailing address is not on file, we will use your permanent address. It is your responsibility to ensure that your address is correct. Check CougarNet and make changes if necessary.

I. Living Expenses

If you feel your expenses are higher than the standard allowed, please make a monthly itemized list below of your bills to be evaluated by a financial aid advisor.

Examples: Rent/House Payment: _____	Water/Trash/Sewer: _____
Electric/Gas: _____	Cable/Internet: _____
Phone: _____	_____
_____	_____
_____	_____

Total: _____

II. Transportation

The standard transportation allowance can be replaced with a new allowance specifically calculated to reflect your mileage to and from campus and to and from your job. To determine the new or actual transportation cost allowance, complete the formula below and the reason for the non-standard transportation expense.

_____ miles per week x _____ weeks of school x 55.0¢ (.55) per mile = \$_____

Reason for non-standard transportation expense: _____

