

**Portland Community College
Financial Aid Office**

**ADDITIONAL EXPENSES
APPEAL**

<i>Last Name (Please print)</i>	<i>First</i>	<i>Middle Initial</i>	
<i>Street Address</i>	<i>Apt. no.</i>	<i>Social Security Number</i>	<i>PCC ID Number</i>
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Telephone Number</i>
<i>Email Address</i>			

Complete the following form to request additional costs be added to your standard cost of education. **Please check the box(es) below** representing the purpose for your request. Request only costs that you will incur this academic year.

- | | |
|--|--|
| <input type="checkbox"/> Disability Expense
<input type="checkbox"/> Transportation Expense
<input type="checkbox"/> Unreimbursed Medical/Dental Expenses
<input type="checkbox"/> Tools/Equipment Expense
<input type="checkbox"/> Uniforms Expense | <input type="checkbox"/> Testing/License/Legal Fees
<input type="checkbox"/> Computer/Software Expense
<input type="checkbox"/> Study Abroad
<input type="checkbox"/> Nursing Program Expenses
<input type="checkbox"/> Flight Costs (must submit each term) |
|--|--|

Amount requested \$ _____

Explain below the reason you are requesting that additional costs be added to your cost of education. You must attach documentation of the additional costs (example: medical receipts, computer/equipment invoice, study abroad expense sheet, department list of required supplies and their costs). Use the back of this form or attach additional pages if necessary.

Student Signature _____
Date

OFFICE USE

Budget increase approved \$ _____ F W SP S ACYEAR

Budget increase pending Documentation missing Documentation incomplete

Budget increase denied Insufficient documentation

Advisor Signature *Date*