

2009-2010 Request for Transportation Adjustment

THE UNIVERSITY OF IOWA

Office of Student Financial Aid
 208 Calvin Hall
 Iowa City, Iowa 52242-1315
 (319) 335-1450 (800) 553-4692
 FAX (319) 335-3060
 E-Mail: *financial-aid@uiowa.edu*

 Student's Name (please print)

 UI ID Number

Depending on when you complete this form, your plans for the spring semester may be uncertain. If this is your situation, please leave the spring column blank. You may contact our office to receive an additional form for consideration of spring commuting costs after you have registered for spring semester.

Please attach a printout of your class schedule (available on ISIS).

Commuting from _____ to Iowa City.
(hometown)

	<u>Fall</u>	<u>Spring</u>
1. Round Trip Mileage	_____	_____
2. Number of Trips Per Week	_____	_____
3. Total Number of Weeks <small>(maximum of 16 weeks/semester)</small>	_____	_____

I certify that the above information is correct.

 Student's Signature

 Date

Office Use Only

Multiply amounts on lines 1, 2, and 3 to obtain total miles _____ Total Miles

Multiply by 28.5 cents per mile × _____ .285

\$_____ TOTAL COST

By Semester: If total cost is more than \$445 (i.e., one-half of the transportation cost listed on F8), add the total cost to \$445 and enter the sum in the transportation column on F8. If it is less than \$445, make no change.

By Academic Year: If total cost is more than the transportation cost listed on F8, enter total cost in the transportation column on F8. If it is less than the amount on F8, make no change.

Reviewed by: _____ Date: _____