

# **\*\*2011-2012 Request for Transportation Adjustment\*\***

**\*\*This form must be submitted by May 1, 2012 to be considered for the 2011-2012 academic year\*\***

## **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*

**Reference #:**

**TO:**

**DATE:**

**UI ID #:**

**FROM:** \_\_\_\_\_, Financial Aid Counselor

Depending on when this form is sent to you, 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.

**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 (maximum of 16 weeks/semester)	_____	_____

**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 19 cents per mile × \_\_\_\_\_ .19

\$\_\_\_\_\_ 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: \_\_\_\_\_