

Name: _____ RCC ID: _____

PLEASE READ before completing this form. On a case-by-case basis, we may adjust your estimated student budget to include costs that are directly related to meeting your educational needs. Requests for adjustments that are made later than the term start date may not be reviewed in time to be approved for that term. Please allow four weeks for a decision. You will be notified by email if additional documents are required to complete our review.

DIRECTIONS:

1) Check the box next to the revision you are requesting.

- Computer purchase
- Out of pocket medical, dental or optometric expenses
- Supplies and materials for program (i.e. Automotive program)
- Other

2) Write a detailed description of the special expenses you are incurring for the 2023-2024 school year. Include the name of the family member who has incurred the expenses, if not the student. Include documentation of ALL expenses related to your request and receipts where possible.

All Professional Judgment reviews are at the discretion of RCC's Financial Aid Department.

CERTIFICATION(s):

The information provided is true and complete to the best of my knowledge and reflects the most accurate report of my 2023/24 unusual expenses. I understand that if I purposely give false or misleading information, I may be fined or face Federal penalties.

Student Signature: _____ Date: _____

Parent Signature (if applicable): _____ Date: _____

Submit documents to: Financial Aid Advising
3345 Redwood Highway, Grants Pass, OR 97527
General Phone: 541.956.7501 **Fax:** 541.471.3585
Email: Contact your Financial Aid Advisor based on your pathway
at <https://www.roguecc.edu/RCCfinAid/>