

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 directly related to meeting your educational needs. **An increased budget does NOT necessarily mean you qualify for additional financial aid.** Please [contact FinAid Advising](#) to discuss this further.

Adjustment requests received after the first day of term may not be reviewed in time to be approved for that term. You will be notified by email if additional documents are required to complete our review. Please allow four weeks for a decision.

**Directions:**

1) Check the box next to the revision(s) you are requesting:

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

2) On a separate sheet, write a detailed description of the special and unusual expenses you are incurring for the 2025/2026 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.**

**Student Certification:** *The information provided is true and complete to the best of my knowledge and reflects the most accurate report of my 25/26 unusual expenses. I understand an increase in my student budget doesn't necessarily mean I qualify for additional financial aid. I also understand if I purposely give false or misleading information, I may be fined or face federal penalties.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

**TO SUBMIT DOCUMENTS:** email your FinAid Advisor or come in-person to [Rogue Central](#) for fastest processing. [Find your FinAid Advisor](#) on our website.

Physical copies can be mailed to: 3345 Redwood Hwy | Grants Pass, OR 97527