

College of Marin – Office of Enrollment Services 835 College Ave. Kentfield CA. 94904 Phone: (415) 457-8811 · Fax: (415) 460-0773 www.marin.edu ·financial.aid@marin.edu

| 2023-2024 Financial Aid Student Budget Adjustment Request | | | |
|---|--|----------------------------------|---------------------------------|
| | | | |
| Last | First | M.I. | M00#: |
| | receive Federal Financial Aid may be eligible to have their in circumstance. Please check only (1) box (option) below | | ed that they are experiencing a |
| There was an une | expected medical emergency | | |
| I experienced add | ditional expenses | | |
| Other | | | |
| information is clear and co | tatement of the circumstance(s) which requires a change ncise. Avoid vague statements such as "I am experiencing requests. Request forms submitted without supporting or requests. | g a financial hardship." You mus | st also submit any supporting |
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| OFFICE USE ONLY BEL | OW THIS LINE | | |
| Comments: | | | |
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| ESA III or | | | |
| ES Dean: | Date: | Decision: | Approved / Denied |