

Aviation Expense Adjustment Form 2023-2024

| Student Name | | Student PID (Pxxxxxxxxxx) | |
|---|--|---|----------------------------------|
| Aviation Program Advisor Signature Required | | Date | |
| This form must be | e signed by an Aviation Advisor ar | d the student. | |
| taking the followin | | ion program at Ohio University. The stude 3-2024 academic year. Please increase th | |
| Summer 2023 | On the little | T-1-10 | |
| | Course ID(s) | Total Cost | |
| Fall 2023 | Course ID(s) | Total Cost | |
| Spring 2024 | | | |
| Spring 2024 | Course ID(s) | Total Cost | |
| | | Total Yearly Cost | |
| Student Agreeme | nt | | |
| complete any one o financial aid advisor | f these courses I will contact the Off may adjust my student budget and/or any portion of my course cost, I may be | n the 2023-2024 academic year. If I am unablice of Student Financial Aid and Scholarship financial aid appropriately. I also understand e obligated to repay part or all of the addition | s so that my that if I |
| Student Signature F | Required | Date | |