## **2016-2017 Request for Transportation Adjustment**

**This form must be submitted by May 1, 2017 to be considered for the 2016-2017 academic year**

Student Name: ________________________________  Student ID: _______________________

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 classes.

**Attach a printout of your class schedule (available on ISIS).**

**Commuting from __________________________ to Iowa City.**

- **(hometown)**
- **Fall**
- **Spring**

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

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**Office Use Only**

<table>
<thead>
<tr>
<th>Fall</th>
<th>Spring</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
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<tr>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

Multiply amounts on lines 1, 2, and 3 to obtain total miles

\[
\text{Multiply by 27 cents per mile} \times \quad 0.27 \\ 
\text{TOTAL COST} \quad $\quad $ \
\]

**By Semester:** If total cost is more than $532 (i.e. one-half of the transportation cost listed in MAUI), replace the total cost of $532 and enter the sum in the transportation column on MAUI. If it is less than $532, make no change.

Reviewed by: ________________  Date: ________________