



# MEDICAL STUDENT BUDGET APPEAL REQUEST

## Away Clinical Rotation Expenses

Complete this form to request a budget adjustment for away rotations. (Requests must be submitted at least 15 days prior to the end of the trimester/academic year. Please allow 7-10 business days for processing. Students will be notified of status via their UND student email account.)

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City, St, Zip: \_\_\_\_\_

### Important Information

- Budget appeal requests must include **this form, letter of explanation for pursuing away rotations and documentation of expenses** (i.e. host site fees, airfare, ground transportation, and hotel accommodations).
 

<b>Allowable Expenses</b> <ul style="list-style-type: none"> <li>Reasonable economy travel</li> <li>Reasonable lodging costs</li> <li>Required fees charged by the host site</li> </ul>	<b>Ineligible Expense</b> <ul style="list-style-type: none"> <li>First class travel</li> <li>Travel or lodging for anyone other than the student</li> </ul>
---	---
- Away rotations must count towards clinical elective requirements for graduation.
- Expenses must be incurred during the period of enrollment in which you are requesting a budget adjustment, and will be reviewed on a case-by-cases basis.
- Submission of a budget appeal request does not guarantee additional funding.

### Away Clinical Rotations

Start Date	End Date	Elective Requirements for Graduation	Location	Host Institution	Lodging	Air/Ground Travel*
		Yes    No				
		Yes    No				
		Yes    No				
		Yes    No				
		Yes    No				

\*For rotations you drive to, please indicate round-trip miles driven.

Warning: If you purposely give false or misleading information on this form to help establish eligibility for Federal Student Aid, you may be subject to a \$20,000 fine, a prison sentence, or both.

I affirm the information provided on this form and any documentation submitted is a true and accurate reflection of my expenses for my away clinical rotation(s).

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_