

# MEDICAL STUDENT BUDGET APPEAL REQUEST

## Expenses in Excess of Standard Cost of Attendance

Complete this form to request a budget adjustment for expenses that exceed the standard cost of attendance. (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: \_\_\_\_\_ Class of: \_\_\_\_\_

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

**Household Information:** Marital Status:    Single    Married    Is spouse employed?    Full-Time    Part-Time    No

Is spouse a student?    Yes    No    Spouse's Name: \_\_\_\_\_    Number of Dependent Children: \_\_\_\_\_

Academic Year: 20\_\_ - 20\_\_    Select all terms for your request: Full Academic Year:    OR Term1    Term2    Term3

### Important Information

- Budget appeal requests must include **this form, letter explaining your need for a budget adjustment, and documentation of expenses** (i.e. copy of lease, utility bill, medical bill, day care receipt, etc.).
- You may be required to meet with a financial aid advisor during the appeal process.
- 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.

### Expenses\*

Expense Type	Monthly Expense	One-Time Expense	Detailed Documentation Submitted
Rent/Mortgage, Utilities, Insur., etc.			
Food/Groceries			
Gas/Car Maint., Auto Insur, etc.			
Medical/Dental/Optical & Insur.			
Toiletries/Personal			
Books/Supplies/Computer			
Child/Adult Care			
Other			

*\*Any expenses without documentation will not be considered.*

**What is the total amount of additional funding you are requesting?** \_\_\_\_\_

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, and that these expenses are directly related to my medical school education.

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

Date: \_\_\_\_\_



# MEDICAL STUDENT BUDGET APPEAL SUPPLEMENT

## Commuting, Child/Adult Care Expenses and/or Computer Purchase

Complete the applicable sections below if you are requesting a budget adjustment for expenses related to: commuting to/from school, the purchase of a computer or tablet, and/or child/adult care.

### Computer/Tablet Expenses

Are you requesting a budget adjustment for a computer or tablet? \_\_\_\_\_  
 Have you previously requested a budget adjustment for a computer purchase? Yes No  
 Have you previously requested a budget adjustment for a tablet purchase? Yes No  
 Have you verified this computer/tablet is compatible with the technology requirements of the M.D. program? Yes No

### Commuting Expenses

Do you commute more than 40 miles (round trip) daily to attend class or clinical requirements at UND SMHS? Yes No

Commute From	Commute To	Miles/Day (Roundtrip)	Days/Week	Weeks/Semester	Semester

You must include reason for commuting in your letter explaining need for a budget adjustment.

### Child or Adult Care Expenses

Are you (or will you be) receiving childcare assistance from any source? Yes No  
 If so, which source? \_\_\_\_\_ What is the monthly amount you expect to receive? \_\_\_\_\_

Dependent's Name	Age	Avg. Hours/Day	Hourly Day Care Rate	Avg. Monthly Expense

Name of Child/Adult Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address of Provider: \_\_\_\_\_

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I affirm the information provided on this form and any documentation submitted is a true and accurate reflection of my expenses, and that these expenses are directly related to my medical school education.

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