



MEDICAL STUDENT BUDGET APPEAL REQUEST

Residency Application & Interview Expenses

Complete this form to request a budget adjustment for residency application and interview expenses. (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, list of residency sites applied to** (*i.e. ERAS Programs Applied to List*), and **documentation of expenses** (application fees, airfare, ground transportation, and hotel accommodations).

Allowable Expenses

- Reasonable economy travel
- Reasonable lodging costs
- ERAS or NRMP Application Fees

Ineligible Expense

- First class travel
- Travel or lodging for anyone other than the student

- Residency 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, up to a maximum of \$5,000.
- Submission of a budget appeal request does not guarantee additional funding.

Residency Interviews

Date	Scheduled	Anticipated	Location of Interview	Specialty	Lodging	Air/Ground Travel*

*For interviews 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 residency application and interview expenses.

Student's Signature: _____ Date: _____