

MEDICAL STUDENT BUDGET APPEAL REQUEST

USMLE Exam Expenses

Complete this form to request a budget adjustment for step exam 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** and **documentation of expenses** (i.e. step exam receipt, airfare, ground transportation, and hotel accommodations).

Allowable Expenses

- Reasonable economy travel
- Reasonable lodging costs
- One-time step exam fee (per exam)

Ineligible Expense

- First class travel
- Travel or lodging for anyone other than the student
- Cost for the same step exam more than once

- You may only receive an adjustment in your budget for each step exam one time. If you need to take the exam a second time, you are not eligible to receive a budget adjustment for any additional attempts.
- 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.

USMLE Exam

Which USMLE Exam are you requesting a budget adjustment for? _____

Have you previously requested a budget adjustment for this USMLE Exam? Yes No

If the USMLE Exam requires travel, please complete the box below and submit appropriate documentation.

Exam Date	Test Location	Lodging	Air/Ground Travel*

*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 USMLE exam, and I have not previously requested an increase in my budget for this step exam type.

Student's Signature: _____

Date: _____