



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).

<p>Allowable Expenses</p> <ul style="list-style-type: none"> Reasonable economy travel Reasonable lodging costs (GSA Rate*) Required fees charged by the host site 	<p>Ineligible Expense</p> <ul style="list-style-type: none"> First class travel Lodging rates in excess of the GSA Rates* Travel or lodging for anyone other than the student
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- 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				

*Lodging rates will not be approved in excess of the GSA Rates: <https://www.gsa.gov/travel/plan-book/per-diem-rates>

**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: _____