

Associate Director Signature

UndergraduateGraduateMedicine/Pharmacy
Year:
tly impact the student's ability additional self-help aid (typically
mount Requested \$ able" purchase (typically up to se program of study).
mount Requested \$ cademic year will be spent in excess of the PDA, or similar handheld/
mount Requested \$ rinsurance) or estimates for the ations do not allow spouse's
mount Requested \$epairs. Expenses that will be lat are necessary for the student etc.) are not considered.
mount Requested \$ our academic program.
and complete. I understand the
Number

Date:

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considered to continu	e their educational program. Standard i	•	ange, lawn service, etc.) are not considered.	nt
	ocumentation showing amount(s) paid o	or estimates for goods or servi	nce) Amount Requested \$ces necessary for repairs. Expenses that will be repairs are those that are necessary for the studen	-
Include red		nount due or paid (not covered	e) Amount Requested \$ d or reimbursed by insurance) or estimates for the tted. Federal regulations do not allow spouse's	e
Include do considered	ocumentation showing amount(s) paid f d. The standard budget includes an esti amount will be considered. Examples o	for items. Only expenses incuri mated amount for books and s	red in the current academic year will be supplies. Amounts spent in excess of the omputer software, PDA, or similar handheld/	-
Addition	al Educational Supplies or Equipn	nent	Amount Requested \$	
☐ Include do	- · · · · · · · · · · · · · · · · · · ·	purchase. Adjustment may be	Amount Requested \$e made for "reasonable" purchase (typically up to components for the program of study).	-
Check any of t	he following that apply to your expense	es and submit all documentati	on (receipts, etc.)	
to continue his		r financial aid budget may ena	xpenses that directly impact the student's ability ble you to receive additional self-help aid (typica	
		H3C ID N	umber R	
Student Name				
Student Name				
J	Increase Request - I	Miscellaneous E —	Expenses Year:	