

**Brody School of Medicine
Office of Student Affairs/Financial Aid**

2010-2011 Student Request to Consider Additional Costs

Please complete and return this form via mail to: Brody School of Medicine, Office of Student Affairs/Financial Aid, Brody 2S-20, Mail Stop 613, Greenville, NC 27834, via email to bsomstudentaffairs@ecu.edu, or via fax to 252-744-3250. If you have any questions, please contact our office at 252-744-2278. All requests must contain appropriate documentation.

Student Name

Student ECU (Banner) ID

_____ **Books & supplies expense(s) in excess of \$450 per semester:**

- Provide receipt(s) or a signed cost estimate
- Computer Purchase for education related needs – provide receipt or signed estimate of the cost of the equipment

_____ **Dependent care expense(s):**

- Signed letter from the care provider that lists the names and ages of dependents, the approximate hours per week care is provided, and the weekly or monthly cost for care
- If spouse/partner is an ECU student please provide us his/her name and Banner ID: _____

_____ **Transportation/Travel expense(s) (Cannot include car payment):**

- Signed letter of explanation
- Supporting expense documentation (generally includes a MapQuest of mileage from your address of record and campus – **please use** 601 Moye Blvd., Greenville, NC 27834 as the address of destination for all MapQuest)

_____ **Personal/Health expense(s):**

- Signed letter of explanation
- Supporting expense documentation

_____ **Room and Board expense(s):**

- The assumption is that all students will have at least one roommate. If you do not have one you will need to provide a letter explaining why.
- Supporting expense documentation

_____ **Study abroad or exchange experience:**

Destination: _____ Semester & year: _____

- Attach supporting documentation regarding program expenses.

Signature

Date

(Office Use)

\$ _____
Adjustment

Officer

Associate Director