# 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.

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<tr>
<th>Student Name</th>
<th>Student ECU (Banner) ID</th>
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**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.

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(Office Use)

$________________________
Adjustment

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Officer

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Associate Director

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