

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

**2011-2012 Student Request to Consider Additional Costs**

Please complete, sign and return this form via U.S. mail to: Office of Student Affairs, Brody School of Medicine, East Carolina University, Mail Stop 613, 600 Moye Boulevard, Greenville, NC 27834, via fax to 252-744-3250 or via email to [bsomstudentaffairs.ecu.edu](mailto:bsomstudentaffairs.ecu.edu). 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 (uniforms/equipment) expense(s) in excess of \$500 per semester:**

- Provide receipt(s) or a signed cost estimate.

\_\_\_\_\_ **Computer purchase for education related need:**

- If computer has been purchased please provide a signed copy of your receipt.
- If planning to purchase a computer, please provide a signed estimate of the cost along with the statement, "I will purchase this computer for the 2011-2012 academic year."

\_\_\_\_\_ **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 his/her name and ECU 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** 600 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 a roommate please provide a letter explaining why.
- Supporting expense documentation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\$ _____	_____	_____
Budget Adjustment	Financial Aid Administrator	Director/Associate Director