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. 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

11-12 PJCOST
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