

Brody School of Medicine
Office of Student Affairs/Financial Aid

2011-2012 Study Abroad Additional Cost Form

This form should be submitted by students who are financial aid recipients; have been approved for an international rotation through the Office of Student Affairs; and plan to apply for additional loans (i.e. Stafford, Alternative/Private) to assist with expenses.

Student Name

Banner ID

International Location

Course Director

Term(s) of Attendance (Fall, Spring, Summer)

Departure Date

Start Date

I. EXPENSES: Please attach an official program itinerary or documentation of estimated cost for each item requested.

I am requesting a cost adjustment for the following reason(s):

- Room (lodging) \$ _____
- Board (meals)\$ _____
- Books & Supplies (passport/visa)\$ _____
- Transportation (round trip airfare, local transportation)\$ _____
- Personal / International Immunizations \$ _____

II. ACKNOWLEDGEMENT: Please initial that you understand and acknowledge the following:

I/We certify that this is an approved international rotation and the information listed on this form is true, complete, and correct to the best of my/our knowledge. I/We certify that all course work has been approved for return credit towards a degree at East Carolina University.

Student Signature

Date

Office of Student Affairs Official

Date

Please complete, sign, print, and return this form via mail to: Office of Student Affairs, Brody School of Medicine, East Carolina University, Mail Stop 613, 600 Moye Blvd., Greenville, NC 27834, via fax at 252-744-3250 or email to bsomstudentaffairs.ecu.edu. If you have any questions, please contact our office at 252-744-2278.

\$ _____
Budget Adjustment

Financial Aid Administrator

Director/Associate Director