

**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](mailto: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** 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 one you will need to provide a letter explaining why.
- Supporting expense documentation

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(Office Use)

\$ \_\_\_\_\_  
Adjustment

\_\_\_\_\_  
Officer

\_\_\_\_\_  
Associate Director