



## Student Financial Services ~ Investing in a Healthy Future

### Educational Expense Request

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Email: \_\_\_\_\_ Program & Level: \_\_\_\_\_

I request that my budget be increased for the reason(s) and amount(s) listed below. **I understand that increasing the standard budget is by special exception only and that these extra expenses must be fully documented.**

- Computer** I request \$ \_\_\_\_\_ for the purchase of a computer.
- I understand the maximum request is \$2,500, which may include the cost of a printer and/or supporting software. iPhones, iPads, and iPod Touches do not qualify
  - I further understand that the computer must be purchased on or after May 1<sup>st</sup> for summer starts or August 1st for fall starts. **The purchase must be documented with a paid receipt, a credit card statement, or a written estimate in my name.**
- Medical** I request \$ \_\_\_\_\_ to cover medical expenses. I have checked with Student Health & Counseling and they are unable to meet my needs.
- I understand that I must submit a photocopy of the cancelled check or a billing statement showing "paid."
  - I further understand that a letter from my physician or clinic may be required.
- Dental** I request \$ \_\_\_\_\_ to cover dental expenses.
- I have attached an estimate from my dentist or dental clinic.
  - I further understand that a letter from my physician or clinic may be required
- Automobile** I request \$ \_\_\_\_\_ to cover the cost of an automobile or major car repair up to a maximum of \$5,000. Not all programs qualify. Contact the Student Financial Services Office for additional information.
- I will submit a photocopy of either my cancelled check(s) or money order(s), the front and back of the "Certificate of Title/Transfer of New Owner" form, a DMV Bill of Sale or finance agreement.
  - I understand that the loan is only for the amount I owe during the academic year.
- Name of Private Loan Lender: \_\_\_\_\_
- Other** I request \$ \_\_\_\_\_ for the reason(s) described below. I have discussed my situation with a financial aid advisor. Advisor's Name: \_\_\_\_\_  
*Attach additional information on separate page if more space is needed.*
- \_\_\_\_\_
- \_\_\_\_\_

My signature below verifies that I understand the following:

- ✓ Automobile or major car repair costs will be funded with a **private loan** in a single lump sum disbursement. Lender lists are available in our office or on our website at <https://finaid.ucsf.edu/forms-publications#Step-2>.
- ✓ Other costs will be funded with a Federal Stafford Loan or Graduate PLUS loan. If I have reached the annual subsidized Federal Stafford Loan limit I am eligible for, the cost will be covered with an unsubsidized Federal Stafford Loan. If I have reached the annual unsubsidized Stafford Loan limit, costs may be covered with a Graduate PLUS loan. Stafford and Graduate PLUS Loan funds are **not** disbursed in one check but are divided equally by the number of remaining quarters in which I am enrolled this academic year. See <https://finaid.ucsf.edu/application-process/types-financial-aid#Step-2> for details on Stafford Loan limits.
- ✓ Complete documentation of my expenses is a requirement and cancelled checks or paid receipts must be submitted.
- ✓ My financial aid checks will not be released until I submit the required documentation.
- ✓ Failure to present adequate documentation may result in the cancellation of a portion of my financial aid or repayment of funds already received.
- ✓ Loan funds must be used to cover the expenses incurred and paid for the current academic year.
- ✓ It is my responsibility to keep accurate records associated with the expenses being funded and to submit the required documentation in a timely manner.

Signature \_\_\_\_\_

Date \_\_\_\_\_