



Revised: 3/8/2022

Office of Student Financial Aid & Scholarships

Medical School
Budget Revision Request

OFFICE USE ONLY

Student Name: _____ NSHE ID: _____

This form is for Medical Students only and must be submitted 3 weeks prior to the end of the semester in which the revision is requested for.

What academic year are you requesting a budget revision for? (Example: "2022-2023"): _____

SECTION 1: BUDGET REVISION TYPE

Mark the appropriate item(s) below and attach required documentation indicated.

Medical, Dental, and/or Eye Care. Paid medical expenses for emergency or essential services not covered by insurance (not cosmetic or elective).

Required Documentation: a letter of explanation that includes lack of insurance coverage for service/procedure (if applicable), type of treatment(s), and time-frame; paid receipts or medical payment plan documents.

Computer Purchase. The cost of purchasing a computer may be added to the student's budget one time per academic career, and may not exceed \$2,000.

Required Documentation: a printed statement from the company's web page, or a paid receipt.

Required Travel Expenses. Reasonable travel expenses for educational travel not already included in the cost of attendance may be considered.

Required Documentation: a Destination Addendum for each location traveled.

Childcare Expenses. Costs incurred for childcare for class attendance, field work, internships, academic related travel, and study time may be considered. Per federal regulations, the child must be a legal dependent and reside with the student. Childcare must be provided by a licensed provider. *Childcare Provider will be contacted for verification of payment amount.

Child Name: _____ Child Age: _____

Childcare Provider: _____

Provider Contact Name: _____ Provider Phone Number: _____

Other. Reasonable expenses not already included in the students currently established cost of attendance.

Required Documentation: a detailed letter of explanation, itemized receipts, or other proof expense was incurred by the student. Optional test preparation materials/subscription based services will not be considered.

SECTION 2: CERTIFICATION

By signing below, I certify that the information on this form and all accompanying documentation is accurate and complete. I understand that an incomplete request will not be processed. Any false or intentionally misleading information may be cause for denial, reduction, and/or immediate repayment of financial aid.

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY

APPROVED DENIED AMOUNT: \$ _____ NOTES: _____

CONTACT INFORMATION

Phone: (775) 784-4666

E-Mail: finaid@unr.edu

Fax: (775) 784-1025



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Office of Student Financial Aid & Scholarships

Medical School
Destination Addendum

Student Name: _____ NSHE ID: _____

This addendum is for Medical Students only and must be submitted as an addendum to the Medical School Budget Revision if you are requesting an budget increase for additional Required Travel Expenses. A separate addendum must be attached for each location traveled.

SECTION 1: DESTINATION DETAILS

Location of Travel (City, State): _____

Reason for Travel: _____

Dates of Travel (MM/DD/YYYY - MM/DD/YYYY): _____

SECTION 2: REQUESTED EXPENSES

Mark the appropriate item(s) below and attach required documentation as indicated. For items referencing GSA Per Diem, current rates can be found for each location by going to www.gsa.gov and clicking 'Per Diem Lookup.'

Lodging. Actual cost or GSA Per Diem Rate, whichever less.

Required Documentation: attach itemized receipt for lodging

Airfare and Baggage. Actual cost paid. Fares paid with miles or airline credit will not be considered. Fares other than economy class will not be considered.

Required Documentation: attach itemized receipt for airfare and/or baggage fees paid

Board (Food Expenses). Daily GSA Per Diem Rate for location traveled.

Important: Board is already included into your current cost of attendance. By checking this box, you acknowledge and understand that the Office of Financial Aid will first remove a daily prorated amount from your board before adding the GSA Per Diem Amount into your Cost of Attendance.

Required Documentation: attach itemized receipt for food expenses

Rental Car/Taxi/Rideshare and/or Gasoline. Actual cost paid. Cars other than economy will not be considered.

Required Documentation: attach itemized receipt for rental car/Rideshare/Taxi and/or gasoline paid

Privately Owned Vehicle (POV) Credit. Current GSA Mileage Reimbursement Rate. Regularly scheduled automobile maintenance will not be considered

Required Documentation: attach google maps print out showing route/miles driven

Other.

Required Documentation: attach detailed statement explaining the justification for the expense and an itemized paid receipt for the expense.

SECTION 3: CERTIFICATION

By signing below, I certify that the information on this form and all accompanying documentation is accurate and complete. I understand that an incomplete request will not be processed. Any false or intentionally misleading information may be cause for denial, reduction, and/or immediate repayment of financial aid.

Student Signature: _____ Date: _____