# 2015-2016 Budget Appeal

Student’s Name: _____________________________________  ID#: ________________________________
Date: _____________________________________________  College: ______________________________

The Office of Financial Aid at the University of Tennessee Health Science Center (UTHSC) recognizes that a student’s total expenses for the academic year may exceed the UTHSC Cost of Attendance. This appeal form allows the Office of Financial Aid to examine selected expenses and evaluate your option for additional loan funding through the Unsubsidized Loan, Graduate PLUS Loan, and the Parent PLUS Loan.

In order to be considered for the UTHSC Budget Appeal, the student must be enrolled in school for present academic year. Please check the appropriate reason below and provide all required documentation to the Financial Aid Office.

<table>
<thead>
<tr>
<th>CHECK</th>
<th>REASON FOR APPEAL</th>
<th>DOCUMENTATION REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>Transportation</td>
<td>• Provide documentation/receipt of car repair(s)</td>
</tr>
<tr>
<td>□</td>
<td>Childcare Expenses</td>
<td>• Provide documentation/receipt of childcare expenses, on letterhead, from servicer</td>
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</tbody>
</table>
| □     | Exam Expenses / Clinical Rotations | • Must provide documentation/receipt of exam expenses and/or clinical rotation expenses  
• For Residency Interview Expenses, complete the Residency Interview Expense Appeal |
| □     | Medical Expenses  | • Provide documentation/receipt of medical expenses |
| □     | Others            | EXPLANATION: Please provide an explanation or reason below explaining your circumstance(s):  
________________________________________________________________________  
________________________________________________________________________  
________________________________________________________________________ |

**CERTIFICATION:**
All of the information on this form and on the supporting documents is true and complete to the best of my knowledge.

________________________________________________________________________
Student’ Signature  Date

Approved ____  Rejected ____

Director of Financial Aid OR Date  
Associate Director of Financial Aid