



Return to: Student Financial Aid Office
5501 El Paso Dr.
El Paso, Texas 79905
Or fax to 915-783-5145
Or email to elp.financialaid@ttuhsc.edu

Budget Adjustment Request – Residency Interviews

Student Name _____ Student ID# _____

Use this form only if you are a School of Medicine or School of Pharmacy student in the final year of your program.

- Costs must be incurred during (not after) your final year of enrollment.
- Submitting this request does not guarantee additional financial aid funding. Any adjustments will result in additional loan eligibility.
- You can only submit costs for yourself. We cannot reimburse for spouse and/or dependent travel.
- You must submit detailed documentation to verify the interview and expenses.

Interview Location	Dates	Air Travel Flight, Baggage	Ground Travel Car Rental, Gas, Parking, etc.	Hotel	Meals/Food	Misc. (Indicate Item and Amount)
Total Costs						

You must attach the following for each request:

- **Flight**-Copy of flight receipt, copy of baggage charge
- **Mileage**-Print out from MapQuest, or other reliable online source showing travel miles to and from destination
- **Car Rental**-Copy of receipt
- **Gas**-Copy of gasoline receipt
- **Parking**-Copy of parking receipt
- **Hotel**-Copy of hotel receipt
- **Meals**-Copy of meal receipts or food purchases
- **Misc.**-Provide receipt for item or expense
- **Residency Interview**-Submit verification that an interview was scheduled or performed; must show scheduled date of interview (i.e. email or letter from facility inviting you to an interview).

If more space is needed, provide a separate page with the student’s name and ID number at the top.

Please label each receipt with corresponding interview site. Please group receipts together for each interview. Credit card statements are discouraged.

Note: We may require additional documentation if needed.

Certification

I certify that all of the information on this form is true and correct to the best of my knowledge. By signing this form, I confirm that I understand the implications of borrowing additional loan funds.

Student’s Signature: _____ Date: _____

OFFICE USE ONLY	Total Amount Approved: \$ _____
Comments: _____	_____
FA Advisor Signature: _____	Date: _____
Associate Director Signature: _____	Date: _____