FINANCIAL AID AND SCHOLARSHIPS UNIVERSITY of CALIFORNIA • IRVINE

University of California, Irvine - School of Medicine Office of Financial Aid 836 Medical Education Building Irvine CA 92697-4089

Financial Aid Office Use Only:

Total approved for budget addition: \$_

Irvine, CA 92697-4089				(94	19)824-6476
2013	3-14 Student	t Budget In	crease Request –	SOM	
Name	UCI ID N				
E-mail:	mail: Phone N				
 Any additional need r students or parents) The funds to cover a Please allow 10 days 	or an alternative dditional expens	e loan. es are disburse		n the Direct Loan	Program (for
The following are allowable e have incurred and complete t				e the type of expe	ense you
□ Computer up to	\$2000 (hardwar	e, basic softwa	re, monitor, printer, wa	arranty/service ag	reement)
• F		omputer budge	udent's tenure at UCI. t increase will be consid	dered for purchas	es made on
Medical/Dental	/Optical (not c	overed by insur	ance)		
			lling statements indicat payment or credit.	ing cost, date of t	reatment,
☐ Emergency Car	Repair				
□ Other					
Specific Budget Item or Expense				Amount	
				\$	
				\$	
Estimated/Actual Total:				\$	
☐ Child-care	expenses (Up	to nine months	maximum will be allov	ved.)	
Child-Care Provider	Phone Number	Monthly Amount	Name of Child	Relationship to You	Age of the Child
		\$			
		\$			
Required Documentation: Attach receipts, cancelled che I certify that the information they will be reported in writin Student Signature: The State of California requires that you be	ecks, or billing st and documentat ng to the Office o	ion provided is of Financial Aid	true and complete, and and Scholarships Date:	d should I have an	
repayment options including income-base	d repayment plans and	loan forgiveness ben	efits, which other education loans	s are not required to prov	vide.

Staff Initials:

Date Processed:

5/30/2013