

**University of Massachusetts Medical School
2016-17 Budget Adjustment Request - Residency Interviewing Costs**

Student's Name: _____ SSN: _____ Phone: _____

- Use this form only if you are a UMMS student in the final year of the MD program.
- Costs must be incurred during (not after) your current period of enrollment.
- Submitting this budget adjustment request does not guarantee additional financial aid funding.

Scheduled Interviews:

Dates	Interview Locations	Type of Residency	Travel	Lodging	Meals
		TOTAL COSTS:	\$	\$	\$

Anticipated Interviews—not yet scheduled

Dates	Interview Locations	Type of Residency	Travel	Lodging	Meals
		TOTAL COSTS:	\$	\$	\$

- Attach a copy of the “ERAS Programs Applied To List” that shows the residency programs to which you have applied.
- Attach detailed documentation to verify the expenses. Documentation must clearly show the dollar amounts paid/to-be paid and dates of the expenses/bills.
- Incomplete applications will be returned unprocessed.

CERTIFICATION:

I certify that the information included on this form is true and accurate, and I am willing to provide additional documentation if requested.

Signature: _____

Date: _____

Optional Authorization to Increase Direct Unsubsidized Stafford loan/Process GradPLUS Loan Application

If a budget adjustment is approved, I authorize UMMS to process additional loan funds to the highest amount possible.

Signature: _____

Date: _____