



2017-2018 Budget Increase Form for ADDITIONAL TRAVEL

Financial Aid Office | Western University of Health Sciences | 309 E. 2nd St., Pomona, CA 91766 | finaid@westernu.edu | (909) 469-5353

Last Name _____ First Name _____ ID Number @ _____ Program/Grad Year _____

INSTRUCTIONS: Please complete each section below for each location for any travelling expenses that took place during the **CURRENT ACADEMIC YEAR**. We will consider only those expenses that were incurred during the current academic year and only if the total request exceeds \$100. When complete, please sign and date page 1 and page 2 and submit to the Financial Aid Office. If more space is needed, please attach another form (see page 3).

Your request must be submitted 10 days prior to the end of the academic year to ensure proper processing.

Location (write below)	Start Date	End Date	OFFICE USE COLUMN	YOU MUST ATTACH THE FOLLOWING FOR EACH REQUEST (NOTE: you cannot submit an estimate for an expense that has already occurred): <ul style="list-style-type: none"> ▪ Flight – Copy of boarding pass, flight receipt, or estimate from reliable online source showing cost of flight ▪ Mileage – Print out from MapQuest, Google Maps, or other reliable online source showing travel miles to destination ▪ Car Rental – Copy of receipt, or estimate from reliable online source showing the cost. ▪ Hotel (submit 1 & 2)– <ol style="list-style-type: none"> 1. Copy of your primary residence’s lease agreement or mortgage statement. 2. Submit hotel receipt, statement, or estimate from reliable online source showing the cost. ▪ Rotations – Copy of your rotations schedule ▪ Residency Interview – Submit verification that an interview was scheduled/performed (e.g. email or letter from facility inviting you to an interview).
Reason for Travel:		Requested Amount	APPROVED AMOUNT	
<input type="checkbox"/> ROTATION	Flight/Mileage	\$		
	Car Rental	\$		
<input type="checkbox"/> RESIDENCY INTERVIEW	Hotel	\$		
TOTAL		\$	\$	
Location (write below)	Start Date	End Date	OFFICE USE COLUMN	
Reason for Travel:		Requested Amount	APPROVED AMOUNT	
<input type="checkbox"/> ROTATION	Flight/Mileage	\$		
	Car Rental	\$		
<input type="checkbox"/> RESIDENCY INTERVIEW	Hotel	\$		
		\$		
TOTAL		\$	\$	
Location (write below)	Start Date	End Date	OFFICE USE COLUMN	
Reason for Travel:		Requested Amount	APPROVED AMOUNT	
<input type="checkbox"/> ROTATION	Flight/Mileage	\$		
	Car Rental	\$		
<input type="checkbox"/> RESIDENCY INTERVIEW	Hotel	\$		
		\$		
TOTAL		\$	\$	
Cumulative Total			\$	

By signing below, I am requesting an increase in my loan eligibility by the amount that is approved in this request.

Student Signature: _____ **Date:** _____

OFFICE USE ONLY					
TVRS (Residency) Approved:	\$	Current AY Prior Approved:	\$	TOTAL AMOUNT:	\$
TVRO (Rotations Approved):	\$	Current AY Prior Approved:	\$	TOTAL AMOUNT:	\$
Loan:	From	To:	Enrollment Period:	Start:	
Loan:	From:	To:		End:	
FA Counselor Signature:			Date:		
Supervisor Signature: (if exceeding policy's cap):			Date:		



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Statement of Rights & Responsibilities to Request a Budget Increase

By requesting a budget increase which allows me to borrow additional loans, I agree that I understand the following rights and responsibilities:

INITIAL each *mandatory* statement:

_____ RECEIPTS: I understand that a receipt should show the method of payment and my name on the document, as appropriate. I further understand that a bank statement as a stand-alone document is not sufficient proof of purchase and will not be acceptable as a receipt.

_____ ESTIMATES: If my request is approved based on an estimate, I MUST submit **proof of purchase or copies of all receipts within 30 days of paying.** Failure to submit proof of purchase will result in a bill of the approved amount and the request may be escalated to the Dean of my College if the Financial Aid Office believes that my request was submitted dishonestly. I also understand that I cannot submit an estimate for an expense that has already occurred; I must submit the actual receipt or proof of purchase.

_____ CHANGES: It is my responsibility to notify the Financial Aid Office if there is a change in the estimates that I have provided. If I fail to notify the office in a timely manner of any changes, I may be at risk to the **WARNING** sign below.

_____ DISBURSEMENTS: Per federal regulations, I will receive TWO equal disbursements on my regularly scheduled disbursement dates. EXCEPTION: If I am in a Nursing or Allied Health Program, I will receive THREE equal disbursements on my regularly scheduled disbursement dates.

_____ LOANS: If my Graduate PLUS Loan is increased, I understand it is based on creditworthiness; my credit may be reviewed again for re-qualification if it has not been run within the last 120 days. If I initially qualified for the Graduate PLUS Loan with an endorser, I will need to contact Federal Direct for additional loan paperwork to submit.

_____ DENIAL/APPEAL: **On a case-by-case basis, Western University of Health Sciences reserves the right to deny a budget increase request from students if they feel the request is inappropriate, not legitimate or does not meet our policy and procedures guidelines. I further understand that should my request be denied, I have a right to appeal this decision up to 10 business days prior to the end of the academic year.**

INITIAL each *applicable* statement:

_____ IN STATE TRAVEL: I understand that my request may be approved for ONLY hotel/housing costs with proper documentation if my travel site is not within these counties: POMONA CAMPUS – Los Angeles, Orange, Riverside, San Bernardino, and Ventura; LEBANON CAMPUS – Linn, Benton, Marion, and Lane. Mileage, car rental, and flight costs will not be approved.

_____ HOTEL/HOUSING: If I am requesting an increase for hotel/housing costs due to rotations, I understand that I must submit verification that I'm maintaining a primary residence. Verification can include lease agreement or mortgage statement.

_____ ROTATIONS: I understand that my Rotations Coordinator may be contacted if further clarification is needed in the documentation I have provided. I further understand that I may request only up to \$1,250 per rotation site's travel expenses.

_____ RESIDENCY INTERVIEW: I understand that I may be approved for only up to TWO nights of travelling costs. I further understand that only Osteopathic Medicine and Podiatry students may be approved for travel costs associated with residency interviews as these are the only two programs in which a residency is required to practice in their field.

WARNING: If you purposely give false or misleading information on this form, you may be placed on academic suspension, dismissed, and/or prosecuted.

Student Signature:

Date:



Remember to keep all receipts throughout the year, as you must submit proof of purchase.



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	TOTAL	\$	\$	
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		\$		
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<input type="checkbox"/> RESIDENCY INTERVIEW	Hotel	\$		
		\$		
	TOTAL	\$	\$	
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		\$		
	TOTAL	\$	\$	

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