Last



SUMMER 2024

Special Programs Request for Budget Increase for Additional Expenses

Student Name:

First

BearPass #: <u>M</u> (required)

Student budgets are intended to cover the cost of the student for their educationally related expenses. If the student has childcare expenses or is required to relocate for a clinical rotation, the household understandably has additional expenses. **Costs must be incurred during summer semester and between <u>May 13 – July 26, 2024</u>. Check the appropriate box and attach documentation.**

Deadline for processing: please complete ALL required steps and submit form to the fax/email/address above by: July 12, 2024

Indicate Academic Program: (DNAP, DSS, OT, PA or PT): _____

Circumstance	Documentation Required (print your BearPass # on each page)
Additional background check/drug screening/immunizations – required for clinical rotation	 Copy of paid receipt in student's name
Childcare Expenses – for periods of time during class time, study time, field work, research, internships, or commuting time	Completed & signed Childcare Expense Worksheet Summer 2024
Computer Purchase – one-time purchase for current graduate program	 Copy of paid receipt in student's name
Car Repair Cost - does not apply to the purchase of a new car, annual maintenance, or tires	 Copy of paid receipt in student's name
Health Insurance Premium (student only) for total cost greater than \$3,475/year	 Copy of paid receipt in student's name

TRAVEL DUE TO CLINICAL ROTATION/INTERNSHIP - experience must be required for current degree program and occur 15 miles or more away from student's current address		 Documentation by your program department Required for Course # 		
Student's beginning address (full address, city, state & zip): (attach proof of residency)	Clinical site address (name of clinic or hospital, full address, city, state & zip): (attach letter of approval)			
Start date of clinical rotation:	End date of clinic	al rotation:		
Schedule of rotation (list days and hours—attach separate sheet or agreement) number of round trips to site during summer semester				
OR				

HOUSING DURING CLINICAL ROTATION [not a	pplicable to DNAP	 Documentation by your program
or OT students] (full address, city, state & zip for clinit	cal site and housing):	department
		Required for Course #
number of months X \$	_monthly	 Copy of current housing arrangement
		(mortgage statement or lease) in student's name (primary residence)
		Copy of lodging agreement (rental
		agreement, hotel bill) in student's name
		(secondary)

By signing below,

- I acknowledge that I have attached all supporting documentation and that all information submitted is accurate and true to the best of my knowledge.
- > I understand that I may be asked for additional information or my request can be partially or completely denied.
- > I understand that if this form is incomplete or lacks the required documentation, no action will be taken.
- > I understand this request is for one semester and I will need to reapply each semester that my situation warrants.
- > I understand that submitting this form does not guarantee that my request will be granted.

Student's Physical Signature (electronic/typed signatures not accepted)

Date