UNIVERSITY OF ILLINOIS AT CHICAGO – Office of Student Financial Aid

For College of Medicine: 808 S. Wood Street, M/C 782 – Chicago, Illinois 60612-7301 -- Ph: (312) 413-0127

2021-2022 Residency Interview Travel Cost Budget Adjustment Request

Section A – Student Information (Please print clearly)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
<th>Email</th>
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Street Address | City | State | Zip Code |

Students who must travel for residency interviews during their M4 year are eligible to apply for a one-time budget adjustment to help offset the costs of travel. The budget adjustment will allow an increase in the amount of federal student loans you can borrow for the year. The amount of the supplement is based on estimated costs incurred within limits for what is considered fair and reasonable rates for residency travel up to a maximum of $3,000. Annual and aggregate loan limits restrict eligibility for federal loans. Therefore if your request is approved and you have reached your loan limits, only your eligibility for Federal Graduate PLUS and/or private loans may be affected.

IMPORTANT: Any adjustments may be divided equally between fall and spring semesters. Interviewing for residency can be extremely expensive. It is vital that you work to minimize your debt. Please explore all financing options, as well as strategies for reducing costs (such as scheduling interviews so as to avoid multiple trips to one area, finding a host for trips to avoid hotel costs, etc).

The deadline for applying for this budget adjustment is April 6, 2022.

Section B – Residency Program and Location

Amount Requested (cannot exceed $3,000): $__________

Please list each residency program and location to which you will travel for an interview:

1. ___________________________________________  2. ___________________________________________
3. ___________________________________________  4. ___________________________________________
5. ___________________________________________  6. ___________________________________________
7. ___________________________________________  8. ___________________________________________
9. ___________________________________________  10. ___________________________________________

Section C – Statement of Certification

I certify that the information provided on this form and any attachments is true and correct.

Student Signature: ____________________________  Date: ____________________________

ENTER YOUR 9-DIGIT UIN

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