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

2022-2023 Residency Interview Travel Cost Budget Adjustment Request

Section A – Student Information (Please print clearly)

Last Name	First Name	M.I.		Email	
Street Address	C	ity	State	Zip Code	
to help offset the co borrow for the year. fair and reasonable for federal loans. The	travel for residency interviests of travel. The budget as The amount of the supple rates for residency travel underefore if your request is a d/or private loans may be a	djustment will allow an ment is based on esting to a maximum of \$ proved and you have	increase in the ar mated costs incurr 3,000. Annual and	mount of federal studer red within limits for wha d aggregate loan limits	nt loans you can at is considered restrict eligibility
be extremely expen	adjustments may be divided sive. It is vital that you worl ing costs (such as scheduli tc).	k to minimize your deb	t. Please explore	all financing options, a	s well as
	The deadline for ap	plying for this budge	et adjustment is /	April 7, 2023.	
Section B -Res	idency Program and	Location			
Amount Requested	(cannot exceed \$3,000): \$_				
Please list each resi	dency program and locatio	n to which you will tra	vel for an interview	v :	
1			2		
3			4		
5		6			
7		8			
9	10				
Section C – Sta	tement of Certificatio	n			
I certify that the info	rmation provided on this for	m and any attachmer	its is true and corre	ect.	
Student Signature:			Date:		
ENTER YOUR 9	-DIGIT UIN				
2223 R	ESBUD S				