UNIVERSITY OF ILLINOIS AT CHICAGO - Office of Student Financial Aid

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

2024-2025 Request for Budget Adjustment- Auto Expenses

Section A – Student Information (Please print clearly)

BDAJ-O

В

2425

Last Name	First Name	M.I.	Email
Attendance may b	e adjusted. Such adjustments	are rare, as the amounts	eflect your current situation, your Cost of used in your Cost of Attendance must be ata for the Chicago, Peoria, and Rockford areas.
Section B - A	uto Expenses		
considered once a (\$1,700 for Fall/ S	a student's total auto expenses pring, \$450 for Summer). The	(repair, insurance, gas, e maximum yearly increase	lest a budget increase. Note: an appeal will only be etc.) exceed the 'Transportation' budget component of transportation expenses is \$1,200. If you share by the deductible will be applicable for accidents.
Documentation	required:		
 Year/make/model of car Paid receipts detailing services rendered and amount owed Any additional receipts/documentation of other auto expenses (gas, parking, insurance) to show that total auto expenses for the year are greater than the budgeted amount Must provide a declaration page in addition to proof of payment for car insurance Bank statements must show the student's name 			
Non-Allowable E		ar purchase/monthly payr	nents, Uber/Lyft/taxis, rental car
	umentation is not submitted, ugust 2024 - May 2025 for Fall		lewed . The service date must occur during the 2024-25 or 2025 for Summer).
Fa		s for 2024-25 Budget Ad Spring Term: April 11, 202	justment Appeals: 25 Summer Term: July 5, 2025
Section C - St	tatement of Certification	1	
I certify that the in	formation provided on this form	n and any attachments is	true and correct.
Student Signatur	re:		Date:
ENTER YOUR	9-DIGIT UIN		