COMPUTER BUDGET INCREASE REQUEST FORM

A medical student may request a one-time budget increase for the purchase of a computer or laptop during their enrollment at the Pritzker School of Medicine. A budget increase may be granted to currently enrolled students for a computer or laptop purchased during the current academic year. A budget increase may be granted to incoming medical students for the purchase of a computer or laptop either in the summer prior to matriculation or during the current academic year. Computers purchased prior to being admitted as a medical students are not eligible.

- You must submit a legible, original receipt of the purchase.
- You must have submitted all financial aid application materials for the current academic year.

The budget increase, if approved, will be either the cost of the computer or $2,000, whichever is less.
- Covered costs include a desktop or laptop and case, a monitor, and printer.
- NOT covered costs include extended warranties and service plans.

Funds offered to cover the budget increase will be in the form of an Unsubsidized Direct Loan if eligible, or a Grad PLUS Direct Loan. Please remember that you are eligible to receive only one computer budget increase during your program at Pritzker.

STUDENT LAST NAME: ___________________________     FIRST NAME: _______________________________________________
STUDENT ID #: _________________________________     DEGREE PROGRAM: _________________________________________  
(e.g. MD, MSTP, MD/MBA, etc)
EXPECTED GRADUATION DATE: ___________________

HARDWARE PURCHASED:

ITEM: ________________________________________________________  COST: _________________________________
ITEM: ________________________________________________________  COST: _________________________________
ITEM: ________________________________________________________  COST: _________________________________
ITEM: ________________________________________________________  COST: _________________________________
ITEM: ________________________________________________________  COST: _________________________________

TOTAL REQUESTED: _______________________________

CERTIFICATION: I certify that this information stated in this request is true and accurate. I have attached all required documentation.

SIGNATURE: _______________________________________________________   DATE: ___________________________

OFFICIAL USE ONLY: Approved by ___________________________ DATE: ___________________________