UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE
BUDGET INCREASE FOR PURCHASE OF A PERSONAL COMPUTER
2016 -17 ACADEMIC YEAR

NAME (Please Print): ____________________________________________________________

Student ID: M______________________________________________________________

State why you need a personal computer for your academic program and studies:

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Total cost of personal computer: _____________________________________________

Date of purchase: ___________________________________________________________

Method of payment: _________________________________________________________

Attach copies of the receipt(s) from your purchase of a personal computer to this form. Receipts should clearly indicate the purchase date and the itemized and total amount paid as well as the method of payment. Payment must be made by the student, not a relative or friend. The maximum amount for the purchase of a personal computer to be added to a student’s budget cannot exceed $2,000.

I certify that all information provided is complete and correct.

Student Signature: ________________________________ Date: _________________

Please return this document to the College of Medicine Financial Services Office when complete.

If you have questions, contact us: MDFinaid@uc.edu or (513) 558-6797

________________________________________
Financial Aid Office Use

Action: _____________________________________________________________

________________________________________________________________________

FAO Signature: ________________________________ Date: _________________