

Medical/Dental Expense Form (Undergraduate Students)

Student Name	Email	
SUID Number	Telephone Number	
STEP I: Read and Review		
JTEI I. Read and Review		
 Undergraduate students must be enroll to be considered for additional funding. scholarship funds depending on the FAC 	Additional funding may be in the	form of loans or
 Uninsured or unreimbursed medical and current academic year. 	d/or dental expenses must be incu	orred during the
NEW POLICY FOR 2019-2020 Only ex be considered. The first \$150 of medica already included in your personal expen	I/dental expenses incurred during	•
► Documentation of the costs is required	to complete this request.	
STEP II: List all out-of-pocket medical/dental exp	penses per receipt	
Description of Expense	Date of Service	Amount

STEP III: Additional Information and Acknowledgement
Please review the following statements. If you agree to the terms listed, sign and date below.
• The items shown on my receipts/invoice are incurred by me during the current academic year.
 I have not been reimbursed nor will I seek reimbursement of the expenses listed above from any other sources.
 I understand that if I attach a medical or dental treatment plan, that I must submit the actual receipt when services are provided.
 I understand that I may be offered loan funds only to cover these expenses.
 I understand that I may need to wait up to four weeks to receive a response for this request.
Student Signature Date
STEP IV: Attach Documentation
TEL W. Accomemication
Receipts must include description of expense, date of service and amount. Submit documentation along with this completed form.