

**University of California, San Diego
Financial Aid Office
9500 Gilman Drive, Dept. 0013
La Jolla, CA 92093-0013
(858) 534-4480**

**BUDGET ADD-ON FOR SPECIALIZED BOOKS, SUPPLIES AND
EQUIPMENT FOR UCSD CLASSES**

_____/_____
Student Name (Please Print) PID# Academic Yr.

Email _____ Undergraduate Graduate - Dept. _____

Specialized Books, Supplies and Equipment

1. Specialized books and supplies
 - a) Attach receipts, billings, cancelled checks, or an itemized listing of expenditures if receipts are unavailable, for all purchases of required, specialized books and supplies.
 - b) Any estimated expenditures must be signed by the Professor or Department Chairperson for that particular course. (see reverse side)

2. Specialized equipment
 - a) Itemize below, or on a separate sheet, the type and amount of any additional expenses for required, specialized class equipment or supplies.
 - b) Professor or Department Chairperson must co-sign this statement, verifying that the equipment listed is required for the course. (see reverse side)

COURSE	BOOKS/SUPPLIES/EQUIPMENT	AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL: \$ _____

I am requesting a budget add-on for the amount of \$_____ to cover purchases of specialized books, supplies and/or equipment not included in my standard UCSD student budget.

I certify that the information and documentation provided are complete and true to the best of my knowledge. I understand that undocumented expenses will not be included.

You must submit Budget Add-On request no later than April 8th of the current academic year in order to receive Stafford/PLUS Loan.

Student Signature _____
Date

FAO OFFICE USE ONLY:
Total amount approved for add-on: \$_____ FAO Counselor: _____ Date: _____

(continued on next page)

**BUDGET ADD-ON FOR SPECIALIZED BOOKS, SUPPLIES AND
EQUIPMENT FOR UCSD CLASSES (cont'd)**

TO: UCSD - Financial Aid Office
9500 Gilman Drive, Dept. 0013
La Jolla, CA 92093-0013

FROM: _____
Name (please print)

Department Mail Code

UCSD Email Phone Extension

RE: _____
Student's Name

This is to certify that the books, supplies and/or equipment listed on this form, or the attached list, are required for the course stated below.

COURSE: _____ **TOTAL AMOUNT LISTED: \$** _____

Signature of Professor or Department Chairperson Date

NOTE:

- **This form must be signed by Student's Professor or Department Chairperson only. TA or RA signatures are not acceptable.**
- **If a separate list of items is attached, the list must also be signed by the Student's Professor or Department Chairperson. TA or RA signatures are not acceptable.**