RETURN THIS FORM TO: UCSD Financial Aid Office, 9500 Gilman Drive, La Jolla, CA  92093-0013

PRINT Student’s Last Name               First Name                 Middle Initial   UCSD PID Number

☐ 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 next page)

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)

<table>
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<th>COURSE</th>
<th>BOOKS/SUPPLIES/EQUIPMENT</th>
<th>AMOUNT</th>
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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 requests no later than May 15th of the current academic year to receive Direct Subsidized/Unsubsidized/PLUS Loans. Submission of a request does not guarantee an approval.

__________________________________________ __________________
Student Signature Date

FAO OFFICE USE ONLY:
Total amount approved for add-on: $ __________ FAO Counselor: __________________ Date: ________
Budget Addon Code for EU: BA

(continued on next page)
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.