

2026-2027 RESIDENCY INTERVIEW EXPENSE ADJUSTMENT REQUEST FORM

This form is to be used by fourth year medical students seeking **reimbursement** of travel or other expenses associated with residency interviews. Tulane's policy caps the maximum amount of such a request at \$2,500, based on review of specified documentation. If your residency interview expenses exceed Tulane's limit, you may wish to explore residency and relocation loans from private lenders (such as, but not limited to: DOC2DOC Lending, PNC Bank, and Sallie Mae).

Please provide the following information for each residency interview site. Detailed receipts must accompany this completed form. Once you have reached over \$2,500 of receipts, then you should turn in all the necessary documentation for this one-time **reimbursement**. ERAS fees may be included.

Upload completed forms and documentation using our secure upload feature: <https://financialaid.tulane.edu/forms>

March 31, 2027 is the deadline to have this form submitted.

1. Your Name (please print):

2. Tulane ID: _____
3. Total Amount Being Requested: _____
4. Copy of your Electronic Residency Application Service (ERAS) application(s).
5. Residency program details, including the following
 - A) Name of facility
 - B) Location
 - C) Contact Name
 - D) Contact Phone number
 - E) Date of departure
 - F) Date of interview
 - G) Date of return
 - H) Receipts, in chronological order please (including airfare, rental car, shuttle bus, taxi and lodging.)

CERTIFICATION: I certify that the information submitted on this request is true and accurate. I understand that misrepresentation of information on this form may be reason for cancellation and repayment of financial aid.

SIGNATURE: _____

DATE: _____