



School of Medicine
School of Public Health and Tropical Medicine
Office of Financial Aid

2021-2022 RESIDENCY INTERVIEW TRAVEL EXPENSE ADJUSTMENT REQUEST FORM

This form is to be used by fourth year medical students seeking **reimbursement** of travel 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: Discover Student Loans, PNC Bank, 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.

March 1, 2022 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: _____