

The Away Rotation Request Form is available to medical students for purposes of additional away rotations **(allowance for 2 away rotations)** due to certain specialties and is offered in addition to the annual financial aid award for tuition or living expenses up to **\$2,000**. Supporting documentation is required for all expenses incurred.

STUDENT NAME: _____

BANNER ID: _____

DATE OF REQUEST: _____

DATE FUNDS NEEDED: _____

TOTAL FUNDS REQUESTED: _____

WILL YOU TAKE AN AWAY ROTATION THIS YEAR? ☐ Yes ☐ No

| STUDY AWAY | DATE | STUDY LOCATIONS | APP & FEES | FLIGHT | LODGING | TRANSPORT | TOTAL |
|------------------------|------|-----------------|------------|--------|---------|-----------|-------|
| | | | \$ | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ | \$ |
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| | | | \$ | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ | \$ |
| STUDY AWAY NET TOTALS: | | | \$ | \$ | \$ | \$ | \$ |

Applications will be processed in date order after all documentation is received. Incomplete forms or missing documentation will not be accepted. Any questions can be directed to the Financial Aid Services office.

Sincerely,

Office of the Financial Aid Services
ETSU Quillen College of Medicine
423-439-2035