

**PROFESSIONAL EDUCATIONAL DEVELOPMENT**

**Academic Year 2023-2024**

**DIRECTIONS** – If you have expenses related to conference travel or other professional developmental costs, you may submit this form by the deadlines noted below to have your budget reviewed and your financial aid eligibility re-evaluated. You will be notified of the decision within 15 business days via your University student email account. **Expenses related to job interviewing or the purchase of business attire are not considered.**

**Note:** This form must be submitted during the term the professional development experience occurs.

**Fall term: November 24, 2023**  
**Spring term: April 12, 2024**  
**May/summer: June 14, 2024**

**RETURN FORM:**

**BY MAIL TO:**

Office of Student Finance  
 160 Williamson Hall  
 231 Pillsbury Dr. SE  
 Minneapolis, MN 55455

**IN PERSON ON CAMPUS TO:**

333 Robert H. Bruininks Hall 130  
 West Bank Skyway  
 130 Coffey Hall

**Questions?**

Phone: 612-624-1111  
 TTY (hearing impaired):  
 612-626-0701  
 Email: onestop@umn.edu

**Enrolled less than full time?** If yes, this appeal may not work in your favor. Actual enrollment will be used to calculate any additional loan eligibility.

To ensure privacy online, open in Adobe Reader (free at Adobe.com). Add the required signature(s) in blue or black ink.

PART A. Student information		
Name (last, first, middle initial)	University ID	Phone (include area code)
Current mailing address (street, apartment or PO Box number, city, state, ZIP code, country)		
PART B. Expenses		
<p><b>Check the situation below that applies to you and attach the required documentation.</b></p> <p><input type="checkbox"/> <b>Program fee</b> – No documentation necessary if the fee is charged to your University student account.</p> <p><input type="checkbox"/> <b>Transportation</b> – Attach copy of purchased airline receipts, or an estimate of round-trip mileage if driving.</p> <p><input type="checkbox"/> <b>Passport/visa</b> – Attach documentation showing cost of passport or visa, if required for your trip.</p> <p><input type="checkbox"/> <b>Hotel/meals</b> – Attach documentation showing length of conference or trip. University per diem rate limits apply.</p> <p><input type="checkbox"/> <b>Licensure Fee</b> – Attach proof of licensure fee cost and proof of payment.</p> <p><input type="checkbox"/> <b>Board Exam</b> - Must be required for professional licensure or certification for employment in the field of study. Cost to re-take an exam are not allowed. Include the exam name, date, location, cost and proof of payment. Cost must be incurred while enrolled, exam can be taken outside a period of enrollment. <i>Examples include: Integrated National Board Dental Exam (INBDE), Commission on Dental Competency Assessments (CDCA) Exam</i></p>		
PART C. Personal statement		
Describe briefly how this professional development experience complements your degree program.		
PART D. Certification		
You must sign this form certifying that the information you provided is true. Misrepresentation of facts in connection with this form may be sufficient cause, in and of itself, for cancellation or repayment of financial aid, whenever discovered.		
Student signature	Date	

