



**BILL GATTON COLLEGE OF PHARMACY AT EAST TENNESSEE STATE UNIVERSITY**

*Office of Student Affairs • Financial Aid • P.O. Box 70414, Johnson City, TN 37614-1704 • Tel: (423) 439-6338 • Fax: (423) 439-6320*

**Office of Financial Aid Request for APPE Additional Transportation Cost**

For a rotation to qualify for additional transportation cost, the rotation must be located outside the set number of miles that exceeds the Transportation Protection Allowance which is already included in the Cost of Attendance. A standard formula is used by financial aid to calculate transportation. **REQUEST MUST BE MADE PRIOR TO ROTATION START DATE**

*The following locations are already included in the Transportation Protection Allowance and are not eligible for reimbursement: Bristol VA, Bristol TN, Elizabethton TN, Erwin TN, Fall Branch TN, Gray TN, Johnson City TN, Jonesborough TN, Kingsport TN, Mountain Home TN, and Unicoi TN*

**To Be Completed by Student:**

Name: \_\_\_\_\_ ETSU ID Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ ETSU Email Address: \_\_\_\_\_

Home Campus: ETSU Bill Gatton College of Pharmacy  
Mountain Home, TN

*My signature below certifies that I am requesting funds for additional transportation cost that exceeds my cost of attendance. I understand that if approved, the Office of Financial Aid will make an additional request and the amount will be added to my student loan.*

*Student Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Documentation required: BGCOP Roster of Student Schedule for proof of Rotation*

Site Name:

Address:

APPE Course #

Session:

Start Date:

End Date:

Frequency of  
Travel:

*(# of days per week or 1 Round trip)*

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*Financial Aid Office Use Only*

*PPJT Travel Calculation Sheet*

*Amount Approved for Request:*

*Office of Financial Aid Representative*

*Date*