

University of Massachusetts Medical School

Office of Financial Aid

2017-2018

Cost of Attendance Adjustment Request

APPLICANT INFORMATION

LAST NAME	FIRST NAME	DATE	SSN
Circle School Attending	Medical	GSBS	GSN

- Use of this form is for a one-time cost of attendance (COA) adjustment. Additional requests will require a new form.
- You may request an increase of your COA for valid education related expenses *incurred during the academic year* that have *not already been included in the current COA*. Requests are reviewed on a case-by-case basis by the Office of Financial Aid. Supporting documentation must be provided before a request can be considered. Please indicate below the type of request *and attach the appropriate documentation*.
- Additional documentation may be required to properly review this request.
- **Note: Requests submitted that are incomplete will not be reviewed or processed.**

\$_____ **Computer Purchase: Applicable only to GSN and GSBS students.**

For the purchase of a personal computer, laptop or printer and required software. You may not include warranties other non-essential components. Attach a PAID IN FULL receipt in your name from the place of purchase with the itemized components and costs. NOT TO EXCEED \$2000

\$_____ **Uninsured Medical or Dental Expenses:** Provide PAID IN FULL itemized receipts of expenses that are not reimbursed by insurance or other sources.

\$_____ **Uninsured Emergency Car Repairs:** Provide PAID IN FULL itemized receipts of expenses.
(Expenses not to be considered: general maintenance, purchase of a vehicle, auto loan payments or insurance.)

\$_____ **Residency Interviewing Costs:** Attached "2017-18 Budget Adjustment Request Form" and appropriate documentation.

\$_____ **Other Education Related Expense:** Attach explanation and appropriate documentation.

By signing this form, I certify that the information provided within this request is true and accurate. I acknowledge that I may be subject to disciplinary action and be liable for repayment of any financial assistance received if the information that I am providing is inaccurate or untrue.

I understand that approval of the request for additional COA funds does not guarantee receipt of additional loan proceeds.

Student Signature _____ **Date** _____

FOR OFFICE USE ONLY

Approved ☐ Denied ☐ Date Approved: _____ Amount of Adjustment: \$ _____ Approved by: _____
Source of Funds: Federal Direct Unsubsidized Stafford Loan ☐ Federal Direct Grad Plus Loan ☐

Comments: _____

University of Massachusetts Medical School
2017-18 Budget Adjustment Request - Residency Interviewing Costs

Student's Name: _____ **SSN:** _____ **Phone:** _____

Use this form only if you are a UMMS student in the final year of the MD program. Costs must be incurred during (not after) your current period of enrollment. Submitting this budget adjustment request does not guarantee additional financial aid funding.

Scheduled Interviews:

Dates	Interview Locations	Type of Residency	Ground Travel	Lodging	Meals
		TOTAL COSTS:	\$	\$	\$

Anticipated Interviews—not yet scheduled

Dates	Interview Locations	Type of Residency	Ground Travel	Lodging	Meals
		TOTAL COSTS:	\$	\$	\$

- **Attach a copy of the “ERAS Programs Applied To List” that shows the residency programs to which you have applied.**
- **Attach detailed documentation to verify the expenses. Documentation must clearly show the dollar amounts paid/to-be paid and dates of the expenses/bills.**
- **Incomplete applications will be returned unprocessed.**

CERTIFICATION:

I certify that the information included on this form is true and accurate, and I am willing to provide additional documentation if requested.

Signature:

Date:

Optional Authorization to Increase Direct Unsubsidized Stafford loan/Process GradPLUS Loan Application

If a budget adjustment is approved, I authorize UMMS to process additional loan funds to the highest amount possible.

Signature:

Date: