

Clinical Skills/Knowledge -Transportation and Lodging

COLLEGE OF MEDICINE 2017-2018

*Please contact the College of Medicine Financial Aid Office for guidance

Clinical Skills/Knowledge Examination fees are included in your third year cost of attendance. During your fourth year, transportation to and from the test site as well as lodging expenses may be evaluated for additional aid. Your award will be made in two disbursements for fall and spring. Typical award type is Graduate PLUS. No other costs may be included in the reevaluation.

Type or write in **BLACK ink. DO NOT use pencil.**

LAST NAME:	FIRST:	MI:	STUDENT ID #:
ADDRESS:			ZIP:
PHONE:		E-MAIL:	
<input type="checkbox"/> PMAP <input type="checkbox"/> 1 st Year Medical <input type="checkbox"/> 2 nd Year Medical <input type="checkbox"/> 3 rd Year Medical <input type="checkbox"/> 4 th Year Medical <input type="checkbox"/> MD-MPH <input type="checkbox"/> MD-Ph.D. <input type="checkbox"/> MD- Pathology Year			

Examination Site: _____ Date of Examination: _____

Lodging and Transportation:

Travel:	Airfare:	(Circle ONE: <i>Round trip/One-way</i>)	\$ _____	(documentation required)
	Rental Car:		\$ _____	(documentation required)
	Gas:		\$ _____	(documentation required)
	Cab/Shuttle:		\$ _____	(documentation required)
Hotel Expense:	(Max 2 days)		\$ _____	(documentation required)
Total Costs			\$ _____	

Documentation is required for all reported expenses

STUDENT CERTIFICATION	
I certify that the information on this Cost of Attendance Re-Evaluation is accurate to the best of my knowledge.	
Student Signature	Date



COLLEGE OF MEDICINE
Financial Aid
 STUDENT AFFAIRS

PLEASE RETURN COMPLETED FORM TO:
 COLLEGE OF MEDICINE FINANCIAL AID
 P.O. BOX 245076 TUCSON, AZ 85724
 PHONE: (520) 626-7145
 FAX: (520) 626-8571
FINANCIALAID@MEDADMIN.ARIZONA.EDU