

Cost of Attendance (Budget) Re-Evaluation Away Rotations

COLLEGE OF MEDICINE 2017-2018

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

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			

ADDENDUM: Away-Rotation Expenses (attach supporting documentation for EACH line item):

NOTE: You must complete the 1st and 2nd page of the Budget Reevaluation before filling out this addendum to compare expenses.

Name of Away-Rotation: Location & Speciality: _____

Dates of rotation: From _____ To _____

Transportation during away rotation:

Airfare:	\$ _____	(Circle ONE: Round Trip/One-way)
Gasoline purchases:	\$ _____	
Rental Car:	\$ _____	
Bus:	\$ _____	
Cab:	\$ _____	
Subway:	\$ _____	
Parking at Hospital/clinic:	\$ _____	
Away-Rotation Transportation Total:	\$ _____	

Are you responsible for housing in Tucson/Phoenix during away rotation? YES () NO ()

Housing cost at away-rotation location

ONLY: \$ _____

Miscellaneous (Hospital Badges, Fees, Immunizations)

Nature of Expense _____	\$ _____
Nature of Expense _____	\$ _____
Nature of Expense _____	\$ _____
Total Miscellaneous:	\$ _____

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
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PLEASE RETURN COMPLETED FORM TO:
COLLEGE OF MEDICINE FINANCIAL AID
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FAX: (520) 626-8571
FINANCIALAID@MEDADMIN.ARIZONA.EDU