

COLLEGE OF MEDICINE 2016-2017 COST OF ATTENDANCE (BUDGET) EVALUATION (SUMMER)

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

This form has been designed to allow you to provide information regarding your cost of attendance during the academic year. The items listed below are included in the standard academic year budget used at The University of Arizona. If the budget reported on your award notification does not appear to adequately meet your expenses, please contact us for assistance in completing this form.

Please type or write in **BLACK ink. DO NOT use pencil.**

LAST NAME:	FIRST:	MI:	STUDENT ID #:
ADDRESS:		ZIP:	
PHONE:		E-MAIL:	
<input type="checkbox"/> P-MAP SUMMER			

COSTS:	DESCRIPTION:	PER MONTH
Housing:	Rent If you have a roommate, report your share only if exceeds \$700/MO:	\$
	Utilities: Your share of electricity, gas, water, internet, trash pick-up if amount exceeds \$200/MO	\$
	Food: Your monthly share only if it exceeds \$316/MO	\$

All items below REQUIRE documentation such as photocopy receipts and/or estimates. Attach a personal statement along with documentation. This form is REQUIRED for Re-evaluations related to Third or Fourth Year Away Rotations.

OTHER COSTS:	DESCRIPTION:	ACADEMIC YEAR (PMAP=3 mos. summer)
Medical Insurance:*	If other than UA student insurance; student only	\$
Transportation:*	Provide and itemized list of ALL expenses (maintenance/repair, gas, bus pass, license, insurance and parking) Do not include car payments. Provide documentation or estimate for maintenance or car repair. \$200-MO	\$
Books/Supplies:*	Summer 2017: Provide list of books/supplies with costs and purpose of purchase.	\$
Computer:*	You may request a one-time increase for computer expenses, including software or hardware upgrades. Provide a photocopy of proof of purchase (containing date and amount of purchase). (Attach receipts)	\$
Miscellaneous:*	Personal Expenses* Itemize your monthly miscellaneous expenses for Cell Phone, Clothing and Laundry, Personal care (prescription lenses, toiletries, personal grooming etc.) \$222/MO.	\$
	Medical/Dental Expenses: May include medical, dental, optical prescription expenses NOT covered by insurance (do not include insurance premiums)	\$

CHILDCARE: Childcare may be added to your budget if you incur these costs in order to attend school. Have your day care provider or babysitter complete the statement below. (Please include only the portion that you are responsible for paying).

Name(s) of children:	Age(s):
Name of provider/babysitter:	Phone:
Address:	Monthly Cost:
Signature of provider/babysitter:	\$

I certify that the information on this cost of attendance reevaluation is accurate to the best of my knowledge.

Student Signature: _____ Date: _____



COLLEGE OF MEDICINE FINANCIAL AID
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Email: financialaid@medicine.arizona.edu

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Student Name: _____ Student ID: _____

Address: _____ Zip: _____

Phone: _____ Email: _____

ADDENDUM: Transportation Expenses for Academic Year:

(P-MAP Summer= 3 months)

\$ _____ Registration of vehicle (one year)

\$ _____ Vehicle Insurance (\$ _____ per month; #months ____)

\$ _____ Parking permit (permit type: _____)

\$ _____ Gas (Average gas per month \$ _____ #months: ____)

\$ _____ Oil changes per academic year (cost \$ _____; how many? ____)

Car service or repairs (must include receipt or estimate)

\$ _____ Date: _____ Nature of Repair: _____

\$ _____ Date: _____ Nature of Repair: _____

\$ _____ Date: _____ Nature of Repair: _____

\$ _____ Date: _____ Nature of Repair: _____

\$ _____ **Total Transportation Expenses**

See Addendum if applicable for Away-Rotation expenses.

I certify that the information on this cost of attendance reevaluation is accurate to the best of my knowledge.

Student Signature: _____ Date: _____



COLLEGE OF MEDICINE
Financial Aid
STUDENT AFFAIRS

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