# Cost of Attendance (Budget) Re-Evaluation

**Away Rotations**

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

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

<table>
<thead>
<tr>
<th>LAST NAME:</th>
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<th>STUDENT ID #:</th>
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<tbody>
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<td>ADDRESS:</td>
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<td>PHONE:</td>
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| 1st Year Medical | 2nd Year Medical | 3rd Year Medical | 4th Year Medical | MD-MPH | MD-Ph.D. | MD-Pathology Year |

- attach supporting documentation for EACH line item

## Required:

- **Name of Away-Rotation**: Location & Specialty: ________________________________
- **Course Number & Name**: ________________________________________________
- **Dates of rotation**: From ___________ To ________________
- **Transportation during away rotation**:
  - Airfare: $ ___________ (Circle ONE: Round Trip/One-way)
  - Gasoline purchases: $ ___________
  - Rental Car: $ ___________
  - Bus: $ ___________
  - Cab/Ride-Share: $ ___________
  - 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: $ ___________

**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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**Colleges of Medicine**

**Financial Aid**

**Student Affairs**

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**P.O. Box 245075 Tucson, AZ 85724**

**Phone:** (520) 626-7145 **Fax:** (520) 626-8571

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