Cost of Attendance (Budget) Re-Evaluation Away Rotations

COLLEGE OF MEDICINE 2023-2024

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

ADDRESS: PHONE: If "Year Medical 2" Year Medical 3" Year Medical 4" 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	LAST NAME:	FIRST:	MI:	STUDENT ID #:	
1 " Year Medical	ADDRESS:			ZIP:	
attach supporting documentation for EACH line item Required: Name of Away-Rotation: Location & Specialty:	PHONE:		E-MAIL:		
Required: Name of Away-Rotation: Location & Specialty:	□ 1st Year Medical □ 2	2^{nd} Year Medical \Box 3^{rd} Year Medical \Box 4	th Year Medical □ MD-MPH	□ MD-Ph.D. □ MD- Pathology Year	
Name of Away-Rotation: Location & Specialty: Course Number & Name: Dates of rotation: From		attach supporting do	cumentation for EACH	ine item	
Name of Away-Rotation: Location & Specialty:	Required:				
Dates of rotation: From	Name of Away-Rotat				
Transportation during away rotation: Airfare: Airfare: 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 STUDENT CERTIFICATION I certify that the information on this Cost of Attendance Re-Evaluation is accurate to the best of my knowledge.		ame:			
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					
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			\$	•	
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		Gasoline purchases:	\$		
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 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.		Rental Car:	\$	<u></u>	
Subway: Parking at Hospital/clinic: \$		Bus:	\$	<u></u>	
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		Cab/Ride-Share:	\$	<u></u>	
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 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.		Subway:	\$		
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			\$		
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Miscellaneous (Hospital Badges, Fees, Immunizations) Nature of Expense	Are you responsible	for housing in Tucson/Phoenix duri	ing away rotation? YE	S () NO ()	
Nature of Expense	Housing cost at away	v-rotation location ONLY:	\$		
I certify that the information on this Cost of Attendance Re-Evaluation is accurate to the best of my knowledge.	Nature of Exp Nature of Exp	pensepense	\$		
I certify that the information on this Cost of Attendance Re-Evaluation is accurate to the best of my knowledge.	STUDENT CERTIFICA	TION			
Student Signature Date	I certify that the int		ce Re-Evaluation is acc		
	Student Signature			Date	



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

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