

# Cost of Attendance (Budget) Re-Evaluation Away Rotations

COLLEGE OF MEDICINE 2023-2024

\*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"/> 1 <sup>st</sup> Year Medical <input type="checkbox"/> 2 <sup>nd</sup> Year Medical <input type="checkbox"/> 3 <sup>rd</sup> Year Medical <input type="checkbox"/> 4 <sup>th</sup> Year Medical <input type="checkbox"/> MD-MPH <input type="checkbox"/> MD-Ph.D. <input type="checkbox"/> 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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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](mailto:FINANCIALAID@MEDADMIN.ARIZONA.EDU)