



COLLEGE OF MEDICINE 2023-2024 COST OF ATTENDANCE (BUDGET) REEVALUATION

Please contact the College of Medicine Financial Aid Office for guidance

Student Name: _____ Student ID: _____

Address: _____ Zip: _____

Phone: _____ Email: _____

Residency Interview Expenses (attach supporting documentation for EACH line item):

Please include a copy of the residency interview invite, e.g. email from the residency coordinator or ERAS invitation. Please also provide documentation of each expense listed below. Your award will usually be made in two disbursements for the fall and the spring. Typically students are considered for additional loan funds.

ERAS/Interview Application Fees _____

#	Interview Date		Interview Location (program, city, state)
	From	To	
1			
2			
3			
4			
5			
6			
7			
8			

Interview #	Airfare	Baggage Check-In	Rental Car	Gas	Cab/ Shuttle	Hotel/ Motel (Max 2 days)	Total Amount
1							
2							
3							
4							
5							
6							
7							
8							
Total Amount Requested							

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

Student Signature: _____ Date: _____