

Cost of Attendance (Budget) Re-Evaluation

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 st Year Medical <input type="checkbox"/> 2 nd Year Medical <input type="checkbox"/> 3 rd Year Medical <input type="checkbox"/> 4 th Year Medical <input type="checkbox"/> MD-MPH <input type="checkbox"/> MD-Ph.D. <input type="checkbox"/> MD- Pathology | | | |
| Additional Funds Needed: \$ | | | |

This form has been designed to allow you to provide information regarding your current Cost of Attendance (COA). The items listed below are included in the standard academic year COA used at the University of Arizona (Fall + Spring = 9 months). If the COA reported on your award notification does not appear to adequately meet your expenses, complete all of the sections below for educational costs incurred during the academic period you will attend. We **cannot** increase your Cost of Attendance due to **credit payments** due to **consumer debt**.

Any changes to financial aid awards will be contingent on the type of funds available and eligibility policies and regulations. Keep in mind that the majority of Cost of Attendance Re-Evaluations typically increase loan eligibility. Allow up to **four weeks** for processing. This timeframe may vary depending on the time of the year and volume of requests our office receives. Failure to provide supporting documentation will delay processing. **Before submitting this form, please review your specific COA on your UAccess Student Center to ensure your listed expenses exceed your standard budget.**

Student Spousal Information

- ☐ I am NOT married
☐ I am married (complete information below)

Spouse's Full Name: _____

- ☐ Spouse is a Student UA Student ID (if Applicable): _____
☐ Spouse is NOT a Student

All items below REQUIRE documentation such as photocopy receipts and/or estimates. Attach a personal statement along with documentation. Please indicate if the expense is per month (MO), semester (SEM) or year (YR) by circling one of the choices.

| COSTS: | DESCRIPTION: | PER MONTH (if it exceeds monthly allocation) |
|------------------|---|---|
| Housing: | Rent If you have a roommate, report your share only if exceeds MS1-MS4: \$950 MO | \$ /MO |
| | Utilities: Your share of electricity, gas, water, internet, trash pick-up if amount exceeds :MS1-MS4: \$280 MO | \$ /MO |
| | Food: Your monthly share only if it exceeds MS1-MS4: \$620 MO | \$ /MO |
| Books/Supplies:* | Academic Year: Provide list of books/supplies with costs and purpose of purchase. | \$ MO/SEM/YR |
| Transportation:* | Provide an itemized list of ALL expenses (maintenance/repair, gas, bus pass, license, insurance, and parking) if amount exceeds : MS1-MS4: \$320 MO Do not include car payments. Refer to pg. 3 | \$ MO/SEM/YR |
| Miscellaneous:* | Personal Expenses* Itemize your monthly miscellaneous expenses for Cell Phone, Clothing and Laundry, Personal care (prescription lenses, toiletries, personal grooming etc.) only if it exceeds MS1-MS4: \$350 MO | \$ MO/SEM/YR |
| | Medical/Dental Expenses: May include medical, dental, optical prescription expenses NOT covered by insurance (do not include insurance premiums) | \$ MO/SEM/YR |

| | | |
|--|--|--------------|
| Computer:* (The MS1 budget already includes a \$1,300 allocation for a 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) | \$ |
| OTHER COSTS: | <p style="text-align: center;">ACADEMIC YEAR (MS1=11, MS2=11, MS3=12, MS4=10 mos.)</p> <p style="text-align: center;">DESCRIPTION:</p> | \$ MO/SEM/YR |
| Conference Attendance: | MED Students: Budget adjustments for conference travel only if the attendance is specifically required for coursework; i.e., in a course requiring it. Conference attendance, which is recommended, but not required, by the student's program of study cannot be included in a student's COA. Include documentation of your registration fee. Travel expenses may be considered on a case by case basis; include documentation | \$ |
| Medical Insurance:* | If other than UA student insurance; student only (Dependent & Spouse insurance cannot be included in budget) | \$ MO/SEM/YR |

| | |
|---|---------------|
| 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. <i>(Please include only the portion that you are responsible for paying).</i> | |
| Name(s) of children: | Age(s): |
| Name of provider/babysitter: | Phone: |
| Address: | Monthly Cost: |
| Signature of provider/babysitter: | \$ |
| *If you have multiple child care providers, please submit the information above on a separate sheet for each provider. | |

| 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 |



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@medicine.arizona.edu

Transportation Cost of Attendance (Budget) Re-Evaluation

COLLEGE OF MEDICINE 2023-2024 *Please contact the College of Medicine Financial Aid Office for guidance

Student Name: _____ Student ID: _____

Address: _____ Zip: _____

Phone: _____ Email: _____

Transportation Expenses included in Cost of Attendance (COA) for Academic Year

Provide supporting documentation for ALL transportation expenses already included in your budget (registration fees, vehicle insurance, parking permit, gas, oil changes) if amount exceeds \$320 MO. Car payments cannot be included.

(College of Medicine: MS1=11 months, MS2=11 months, MS3=12 months, MS4=10 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? _____)

One-time 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: _____

See Addendum if applicable for Away-Rotation expenses.

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



COLLEGE OF MEDICINE
Financial Aid
STUDENT AFFAIRS

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