Boston University School of Medicine Division of Graduate Medical Sciences

Medical Campus 72 East Concord Street, L-317 Boston, Massachusetts 02118-2526 T 617-638-5255 F 617-638-5740



2017-2018 Cost of Attendance (COA) Increase Request Form

This request is for additional student expenses. Please take note of the following:

- For childcare expense increase requests, please complete the other side of this form.
- To be considered for a COA increase, you must complete and submit this form with supporting documentation (e.g. receipts) verifying your additional costs.
- Graduate Medical Sciences (GMS) provides limited increases of the COA budget in compliance with federal regulations.
- GMS does not provide institutional funding for a COA increase.

The GMS Office address is:

Student Signature Box

- Follow up with GMS Financial Aid Office within 5 to 10 business days to check the status of your request.
- If approved, you may apply for additional federal and/or credit based loans to cover those expenses.
- If your request requires immediate attention, please indicate 'URGENT' at the top right of this form.

Graduate Medical Sciences 72 East Concord Street, L309 Boston, MA 02118-2526

This is a true and accurate reflection of my cost for attendance at Boston University Medical Campus. I understand that I may be requested to provide additional information and documentation as necessary.

My signature below affirms that the information provided above and the supportive documentation are true and accurate to the best of my knowledge.

Signature	Date

Childcare Expense Appeal Form 2017-2018

Graduate	e Medical Sciences (GMS) allows for a Cost of	Attendance (COA) Budget increase for childcare	
expenses.	s. Please submit this form with the required s	upplementary documentation as stated below.	
Student Name: BU ID: U			
Number o	of Children Attending Daycare: Tot	al Weekly Daycare Cost per Child: \$	
=	hild/children currently attending daycare?		
1.	 Yes If yes, you are required to: 1. Submit a bill, statement or letter from the daycare provider stating that your child/children is enrolled <i>and</i> 2. Submit two receipts from the daycare <i>or</i> two cancelled checks demonstrating the cost of the 		
2.	daycare.	o cancelled checks demonstrating the cost of the	
No required t	o If you are submitting this form in preparati to:	on of future childcare arrangements, you are	
1.	 Submit a statement or letter from the dayona. a. when your child/children (name of one and b. The cost of the daycare. 	are provider stating: :hild/children must be included) will begin attending	
	COA Appeal for Childe	care Expense Process	
1. 2.	Submit completed Childcare Expense Appeal FoAllow 5 to 10 business days for processing.	orm and required supplemental documentation to GMS.	

Student Signature Box

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understand that I may be requested to provide additional information and documentation as		
necessary. My signature below affirms that the information provided above and the supportive		
documentation are true and accurate to the best of my knowledge.		
Signature	Date	

3. If you are approved for a COA Budget increase for childcare expenses, you may apply for additional federal and/or credit based loans. Institutional funding is not provided for childcare expenses.