



2013-2014 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.
- Student Financial Services (SFS) provides limited increases of the COA budget in compliance with federal regulations.
- SFS does not provide institutional funding for a COA increase.
- SFS will notify you within 5 to 10 business days whether or not your request is approved.
- 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.
- The SFS Office address is: Student Financial Services
72 East Concord Street, A303
Boston, MA 02118-2526

Name: _____ BU ID: U _____

School/Division of Study: ☐ BUSM ☐ GMS ☐ GSDM ☐ SPH

Statement of Reason(s) for Increase:

List of Additional Expenses:

Expense Name (e.g. computer)	Cost
_____	\$ _____
_____	\$ _____
_____	\$ _____

Student Signature Box

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 _____

This section is for SFS Office use only

Total Budget Increase: \$ _____ Approved By: _____ Date: _____

Childcare Expense Appeal Form 2013-2014

Student Financial Services (SFS) allows for a Cost of Attendance (COA) Budget increase for childcare expenses. Please submit this form with the required supplementary documentation as stated below.

Student Name: _____ BU ID: U _____

Student's BUMC School/Division of Study: MED ☐ GMS ☐ SPH ☐ SDM – Pre Doc ☐
SDM – Post Doc ☐
SDM – Adv. Standing ☐

Student's Current Academic Year: ☐ First ☐ Second ☐ Third ☐ Fourth

Number of Children Attending Daycare: _____ Total Weekly Daycare Cost per Child: \$ _____

Is your child/children **currently** attending daycare?

☐ 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 **and**
2. submit two receipts from the daycare **or** two cancelled checks demonstrating the cost of the daycare.

☐ No If you are submitting this form in preparation of future childcare arrangements, you are required to:

1. submit a statement or letter from the daycare provider stating:
 - a. when your child/children (name of child/children must be included) will begin attending **and**
 - b. the cost of the daycare.

COA Appeal for Childcare Expense Process

1. Submit completed Childcare Expense Appeal Form and required supplemental documentation to SFS.
2. Allow 5 to 10 business days for processing.
3. You will be mailed an Appeal Decision Letter.
4. 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.

Student Signature Box

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 _____

This section is for SFS Office use only

Total Budget Increase: \$ _____ Approved By: _____ Date: _____