

Boston University Student Financial Services

2023-2024 Cost of Attendance (COA) Appeal Request Form

Name:	BU ID: U		BU Email:	
School/Division of Study:	GMS	GSDM	SPH	Chobanian & Avedisian School of Medicine
Information you provide on educational expenses incurr				ces (SFS) to review and consider additional

Please note the following:

- Before completing this form, please review the Cost of Attendance for your program on the SFS website: bumc.bu.edu/osfs
- You are not required to and should not complete the COA Appeal Request Form if your expenses do not exceed your cost of attendance.
- All expenses listed on this form must be supported by appropriate documentation. Expenses listed without supporting documentation will not be reviewed.
- A determination with respect to your appeal will be sent to you via email within 10 business days.
- If approved, you may apply for additional federal and/or credit based loans to cover those expenses.
- Assistance for Residency Interview Expenses can be utilized through Residency and Relocations Loans.

Allowable Items for a Cost of Attendance Increase

Please provide the cost and supporting documentation for each budget item you wish to have reviewed.

\$ Rent/Utilities (Living Expenses): Attach a copy of lease/mortgage statements and utility bills. A monthly food allowance will be considered. Expenses must exceed your standard living allowance for your cost of attendance to be increased
\$ Transportation Expenses to and from BUMC: Provide receipts. Expenses must <u>exceed</u> the standard allowance and must have special circumstances Not considered: vehicle purchase, auto loan payments or insurance.
\$ One-Time Computer Purchase: For the purchase of a personal computer, laptop, printer, or required software. Provide a receipt in your name from the place of purchase with the itemized components and costs.
\$ Clinical Rotation Transportation Expense: Provide a signed statement indicating frequency of travel and reason for travel to substantiate your expenses that exceed your standard allowance. Include the hospital names and addresses of rotation(s) in the Comments section on page 2
\$ Childcare Expenses: Must provide age of all children and include contracts/payment receipts showing daycare expenses.
\$ Other Miscellaneous Education Related Expenses: Expenses could include medical/dental, childcare or emergency situations. Provide explanation in the Comments section, as well as supporting documentation.

	Total Requested Increase Above the Sta	ndard Cost of Attendance:*			
\$	_ *If approved, your total COA increase ma	y differ from your requested increase.			
Comments:					
This is a tour		and a few ways and a feather damage at Dectar Hair	o maitro e N. A. andi and		
This is a true and accurate reflection of my additional expenses for my cost of attendance at Boston University Medical Campus. I understand that I may be required to provide additional information and documentation as necessary.					
Campus. Funderstand that Finally be required to provide additional information and documentation as necessary.					
My signature	below affirms that the information provide	d above and the supportive documentation are	true and accurate		
to the best of	my knowledge. I understand that providin	g false information can result in the cancellatior	of financial aid.		
I understand	hat approval of the request for additional	COA funds does not guarantee receipt of addi	tional loan proceeds.		
Student's Sid	gnature:	Date			
Student's Sig	;nature	Date			
This section	is for SFS Office use only				
Approved □	Denied □ Date Approved:	Amount of Adjustment: \$ Approve	d by:		
BU Student F	Financial Services & Housing Resources				
	'2 East Concord Street, B-401	Completed forms			
	Boston Massachusetts 02118	can be sent to:			
	bumc.bu.edu/osfs				
1					

Not all expenses will be reviewed with your appeal request. Please review all unallowable expenses on the Cost of

Attendance Increase Request page