2015-2016 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.
• 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.
• The GMS Office address is:
  Graduate Medical Sciences
  72 East Concord Street, L309
  Boston, MA  02118-2526

Name: ___________________________________________  BU ID: U __________

Statement of Reason(s) for Increase:
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

List of Additional Expenses:

<table>
<thead>
<tr>
<th>Expense Name (e.g. computer)</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>____________________________</td>
<td>$____</td>
</tr>
<tr>
<td>____________________________</td>
<td>$____</td>
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<tr>
<td>____________________________</td>
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</tbody>
</table>

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 _____________________
Childcare Expense Appeal Form 2015-2016

Graduate Medical Sciences (GMS) 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______________________

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 GMS.
2. Allow 5 to 10 business days for processing.
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.

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 _____________________