



2025-2026 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 this form allows Student Financial Services (SFS) to review and consider additional educational expenses incurred during your period of enrollment.

Please note the following:

- Before completing this form, please review the Cost of Attendance for your program on the [SFS website](#)
- Complete budgeting session on [Kindros](#) and send a screenshot of completion
- 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.
- 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 <u>exceed</u> 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, addresses, days per week at site(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.

Not all expenses will be reviewed with your appeal request. Please review all unallowable expenses on the [Cost of Attendance Increase Request page](#)

Total Requested Increase Above the [Standard Cost of Attendance](#):
\$ _____ *If approved, your total COA increase may differ from your requested increase.

Comments: I have completed the budgeting section on Kindros and have included the screenshot with the COA appeal documents

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.

My signature below affirms that the information provided above and the supportive documentation are true and accurate to the best of my knowledge. I understand that providing false information can result in the cancellation of financial aid.

I understand that approval of the request for additional COA funds does not guarantee receipt of additional loan proceeds.

Student's Signature: _____ **Date** _____

This section is for SFS Office use only

Approved ☐ Denied ☐ Date Approved: _____ Amount of Adjustment: \$ _____ Approved by: _____

BU Student Financial Services & Housing Resources
72 East Concord Street, B-401
Boston Massachusetts 02118
bumc.bu.edu/osfs

*Completed forms
can be sent to:*