



Student Budget Appeal Form

Student Name: _____ MCPHS ID: _____

An annual cost of attendance (COA), or student budget, is comprised of direct costs (tuition, fees, and on-campus room and board) and reasonable estimates for indirect costs (books, supplies, transportation, miscellaneous expenses, and off-campus room and board). We do, however, understand that certain situations may not reflect the costs incurred by a student during the academic year. In such cases, you may appeal for a budget increase for an allowable expense outlined below. Students and families are strongly encouraged to continuously evaluate and maintain a financial plan during enrollment to minimize excessive borrowing.

Budget appeals will be considered for the following items listed below. Select your requested appeal below and attach the required documentation. A submission of an appeal does not guarantee a budget adjustment. Incomplete appeals will not be reviewed.

Computer Allowance (one time only) – the documented cost for a computer which must be purchased during or 30 days prior to your current enrollment. (Maximum cost not to exceed \$1600) Attach the original purchase receipt with this form for review.

Disability Allowance – may include special services, personal assistance, transportation, equipment, and supplies that are reasonably incurred and not provided by an outside agency. Attach copies of documented expenses and a signed and dated statement to verify that no outside agency is providing the assistance identified with this form for review.

Dependent Care Allowance (not to exceed the reasonable cost in community) – the estimated actual cost of dependent care during periods of enrollment. Attach a copy of the child care agreement, proof of payment, and a signed and dated statement that identifies the dependent(s) name, age, and date of birth with this form for review.

Study Abroad Allowance – An approved study abroad program that is applicable to the student’s degree program may be allowed if costs exceed the student’s budgeted amount. Students are required to meet with their financial services counselor to define required documentation for review.

Other Allowance – _____ A student may receive additional assistance, determined by your student financial services counselor, for a circumstance that exceeds reasonable costs (extensive commute, book costs, etc.) Students are required to meet with their financial services counselor to determine the applicable allowance and required documentation for review.

Clinical Rotations: A student participating in clinical rotations may claim transportation or an additional housing cost if the student relocates. A student will not receive a budget increase for both unless placement abroad is required due to rotation availability. Transportation costs are calculated using the current IRS standard mileage rate.

Transportation Allowance for Clinical Rotations – mileage only may be added. Complete the reverse side of this form for review.

Housing Allowance for Clinical Rotations (if moving) – Additional housing allowance for relocation. Attach lease or rental agreement with this form for review.

Student Signature

Date



Transportation Allowance for Clinical Rotations - Complete the following information below for review.

Rotation # _____ **Clinical Location:** _____ **Semester:** _____

Start Address					
End Address					
Miles (roundtrip)		# Days per week		Length of Rotation (weeks)	

Rotation # _____ **Clinical Location:** _____ **Semester:** _____

Start Address					
End Address					
Miles (roundtrip)		# Days per week		Length of Rotation (weeks)	

Rotation # _____ **Clinical Location:** _____ **Semester:** _____

Start Address					
End Address					
Miles (roundtrip)		# Days per week		Length of Rotation (weeks)	

Rotation # _____ **Clinical Location:** _____ **Semester:** _____

Start Address					
End Address					
Miles (roundtrip)		# Days per week		Length of Rotation (weeks)	

Rotation # _____ **Clinical Location:** _____ **Semester:** _____

Start Address					
End Address					
Miles (roundtrip)		# Days per week		Length of Rotation (weeks)	

Rotation # _____ **Clinical Location:** _____ **Semester:** _____

Start Address					
End Address					
Miles (roundtrip)		# Days per week		Length of Rotation (weeks)	

FOR STUDENT FINANCIAL SERVICES USE ONLY

Aid Year: _____

Clinical Travel Allowance Totals:

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Mileage Verified through online resource Overall Total Miles: _____

Appeal Approved Appeal Denied

Increase Approved: \$

Reasons/Comments: _____

SFS Signature: _____

Date: _____