



INDIANA UNIVERSITY
SCHOOL OF MEDICINE

2016-2017
Professional Judgment Appeal Form
DECEMBER 2016

Office of Student Financial Services

1130 West Michigan Street
 Fesler Hall 224
 Indianapolis, IN 46204
 Office: 317-278-7311
 Fax: 317-278-2691

Please FAX or E-mail (preferred) as an attachment with supporting documentation (proof of payment) to:

Email: Jnzieman@iu.edu

General Information for Submission:

IUSM students may submit this form along with supporting documentation to request a Professional Judgment appeal to the Cost of Attendance (COA) related to residency interviewing for the 2016-2017 Academic Year. This form is used to justify COA increases, allowing the ability to borrow additional funding to cover these types of school-related expenses. These expenses include:

- **Hotel Lodging:** Include Purchase Receipts listing type of payment and date
- **Airfare/Rental Car Costs:** Include Purchase Receipts listing type of payment and date (Car Rentals can include gas receipts)
- **Transportation Costs:** Driving your own car: Include Google Map print-outs with mileage from Point A to B (56.5 cents/mile)
Taxis: Include receipt listing type of payment and date

To avoid processing delays: Organize receipts in chronological order prior to submitting. If submitting by hand/mail, DO NOT STAPLE.

Should you become eligible for additional financial aid as a result of this appeal, you will be notified of the amount, via the Graduate PLUS loan application (if applicable) or how much was processed through the Stafford Loan. You will receive notification of processing from the Office of Student Financial Services within 2-3 days.

— PART I: Applicant Information —

Student Name: _____ University ID: _____
 University E-mail: _____ Total Expenditures—December 2016:

— PART II: Interview Expense for DECEMBER 2016 —

Interview 1:	Date:	<input style="width: 90%;" type="text"/>	Program:	<input style="width: 95%;" type="text"/>
	Lodging:	<input style="width: 90%;" type="text"/>	Car Rental:	<input style="width: 90%;" type="text"/>
	Airfare:	<input style="width: 90%;" type="text"/>	OR Miles Driven:	<input style="width: 90%;" type="text"/>
Interview 2:	Date:	<input style="width: 90%;" type="text"/>	Program:	<input style="width: 95%;" type="text"/>
	Lodging:	<input style="width: 90%;" type="text"/>	Car Rental:	<input style="width: 90%;" type="text"/>
	Airfare:	<input style="width: 90%;" type="text"/>	OR Miles Driven:	<input style="width: 90%;" type="text"/>
Interview 3:	Date:	<input style="width: 90%;" type="text"/>	Program:	<input style="width: 95%;" type="text"/>
	Lodging:	<input style="width: 90%;" type="text"/>	Car Rental:	<input style="width: 90%;" type="text"/>
	Airfare:	<input style="width: 90%;" type="text"/>	OR Miles Driven:	<input style="width: 90%;" type="text"/>
Interview 4:	Date:	<input style="width: 90%;" type="text"/>	Program:	<input style="width: 95%;" type="text"/>
	Lodging:	<input style="width: 90%;" type="text"/>	Car Rental:	<input style="width: 90%;" type="text"/>
	Airfare:	<input style="width: 90%;" type="text"/>	OR Miles Driven:	<input style="width: 90%;" type="text"/>
Interview 5:	Date:	<input style="width: 90%;" type="text"/>	Program:	<input style="width: 95%;" type="text"/>
	Lodging:	<input style="width: 90%;" type="text"/>	Car Rental:	<input style="width: 90%;" type="text"/>
	Airfare:	<input style="width: 90%;" type="text"/>	OR Miles Driven:	<input style="width: 90%;" type="text"/>

— PART III: Affirmation Statement (Sign & Date) —

My signature below indicates that information on this form and the supporting documentation submitted are true and accurate to the best of my knowledge. I authorize the IUSM Office of Student Financial Services to verify this information. I understand that providing false information can result in the cancellation or repayment of financial aid.

Student Signature and Date: