



Hofstra North Shore-LIJ School of Medicine  
Office of Financial Aid  
500 Hofstra University  
Hempstead, NY 11549-5000  
email: [medicine.finaid@hofstra.edu](mailto:medicine.finaid@hofstra.edu)  
phone: 516.463.7523  
fax: 516.463.7572

Only one (1) budget adjustment request may be submitted per academic year (not including the health insurance request). Please only fill out the section below that applies to your specific request. Documentation must accompany all requests, either at the time of the request or prior to your next financial aid disbursement. Failing to provide adequate documentation will jeopardize the disbursement of future financial aid. Please use the space on page 3 to explain why you are requesting an increase.

Year in school:    ☐ MS1                      ☐ MS2                      ☐ MS3                      ☐ MS4

Name: \_\_\_\_\_ 700 #: \_\_\_\_\_

                    Last                      First                      Middle initial

☐ Please increase my cost of attendance to include an allowance for health insurance \_\_\_\_\_  
Please check one: \_\_\_\_\_ initial

☐ I am purchasing an insurance plan through the School of Medicine  
☐ Student ☐ Student & Spouse ☐ Family (spouse and children) # of children \_\_\_\_\_

☐ I am purchasing an alternative insurance plan

- ☐ A summary of benefits
- ☐ Any invoice(s) received
- ☐ Copies of all paid receipts (if applicable)

### Section 3: MEDICAL AND DENTAL EXPENSES

A request may be granted for additional medical and dental expenses not covered by health insurance that significantly exceed the cost of attendance. This may include emergency medical expenses, prescription medications, or other therapies deemed medically necessary by a licensed physician that are not reimbursable by your insurance provider or another source. Appropriate documentation must accompany your request. Please use the space on page 3 to explain why you are requesting a budget increase.

DOCUMENTATION THAT MUST BE SUBMITTED:

- ☐ A letter from your physician indicating that treatment is necessary
- ☐ Copies of all paid receipts

---

### Section 4: AUTO REPAIRS

The cost of attendance considers routine auto expenses including the cost of gas, insurance, and scheduled maintenance. A request may be granted for additional **emergency** costs that significantly surpass the budgeted amount. In the case of auto accidents, a request cannot exceed the cost of the deductible. Appropriate documentation must accompany your request. Please use the space on page 3 to explain why you are requesting a budget increase.

DOCUMENTATION THAT MUST BE SUBMITTED:

- ☐ Copies of paid receipts fully detailing the cost of repair
- ☐ For auto accidents:
  - A copy of your auto insurance policy
  - Paid receipts fully detailing the cost of repair
  - The accident report

---

### Section 5: COMPUTER EXPENSES

You are permitted to make only **one request** for a computer related budget increase during your tenure as a medical student. You must first purchase the computer and provide the receipt upon submitting the budget increase request. Requests cannot exceed \$1,500. Appropriate documentation must accompany your request. Please use the space on page 3 to explain why you are requesting a budget increase.

DOCUMENTATION THAT MUST BE SUBMITTED:

- ☐ Copies of receipts that must include the computer specifications and the total amount paid

---

### Section 6: CHILD CARE EXPENSES

The cost of attendance budget does not consider the cost of child care. If you must incur additional expenses for the care of a dependent child(ren) during class time, study time, clerkships, commuting time, or other education related activities, you may request that your cost of attendance be increased. Appropriate documentation must accompany your request. Please use the space on page 3 to explain why you are requesting a budget increase.

Name of the dependent Child(ren):

|               |                |                 |
|---------------|----------------|-----------------|
| _____<br>Last | _____<br>First | _____<br>Middle |
| _____<br>Last | _____<br>First | _____<br>Middle |

DOCUMENTATION THAT MUST BE SUBMITTED:

- ☐ Copies of checks made payable to the child care provider (covering a span of 3 months during this academic year)

## Section 7: NON-ALLOWABLE REQUESTS

The following budget increase requests will not be considered:

- Costs associated with the purchase or lease of a new vehicle
- Consumer related debts, i.e., credit card balances
- Costs associated with furnishing off-campus housing
- USMLE preparatory course expenses
- Moving costs

---

## Section 8: EXPLANATION

Please use this space to explain why you are requesting a budget increase:

---

## Section 9: CERTIFICATION

(1) I hereby attest that all of the information provided on this application is accurate; (2) I understand that any decision made by the Financial Aid Officer is final; (3) I understand that any increase to my cost of attendance budget will be disbursed in the form of Direct Stafford or Grad PLUS loans only and that I may decrease or decline that amount at any time; (4) I understand that I may only request one (1) budget adjustment per academic year (not including the health insurance request) and that the information provided on this request applies only towards the 2015-2016 academic year.

---

Student's Signature

---

Date

*This request is not valid unless signed and dated by the student.*