



HOFSTRA NORTHWELL
SCHOOL of MEDICINE
AT HOFSTRA UNIVERSITY™

Cost of Attendance (Budget) Adjustment Request

Hofstra Northwell School of Medicine
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Please Read: Students expecting to incur additional costs during the academic year that are not captured in the cost of attendance can formally request an increase in their budget and subsequently an increase in federal loan(s). Acceptable requests include: health insurance; medical / dental expenses not covered by insurance; the cost of child care; auto repairs; and, personal computer costs. Additional requests can be submitted and will be evaluated on a case-by-case basis. All requests will be reviewed but not all requests will be granted. With exception to a request made to cover the cost of health insurance, budget increases are rare and decisions made by the Student Finance Representative are final.

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.

Section 1: STUDENT INFORMATION

Academic Year: _____

Year in school: MS1 MS2 MS3 MS4

Student Name: _____ 700 #: _____

Section 2: HEALTH INSURANCE

The standard cost of attendance does not include the cost of health insurance. Students may submit a budget adjustment request in order to have this cost added to their budget. Students electing to purchase an alternative health insurance plan must submit the required documentation before the cost of attendance budget is adjusted.

- 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

DOCUMENTATION THAT MUST BE SUBMITTED:

If purchasing an insurance plan through the School of Medicine, no additional documentation is required.

If purchasing an alternative insurance plan, please submit the following documents:

- 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):

| | | |
|-------|-------|--------|
| _____ | _____ | _____ |
| Last | First | Middle |
| _____ | _____ | _____ |
| Last | First | 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 Student Finance Representative is final; (3) I understand that any increase to my cost of attendance budget will be disbursed in the form of Direct Unsubsidized Stafford or Graduate 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 current academic year.

Student's Signature

Date

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