



**DONALD AND BARBARA  
ZUCKER SCHOOL of MEDICINE  
AT HOFSTRA/NORTHWELL®**

## Cost of Attendance Adjustment Request

Zucker School of Medicine  
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A student may incur additional expenses during the academic year that are not included in the standard cost of attendance and therefore may request an increase in his/her budget, and subsequently an increase in federal loan(s).

Allowable costs may include student health insurance; medical, dental, or optical expenses not covered by insurance; childcare; auto repairs; ERAS application costs beyond the amount included in the standard cost of attendance; and a one-time computer/laptop purchase.

Please use the space on page 3 to provide in detail the reason for the budget increase request.

The following are non-allowable expenses:

- Purchase or lease of a new vehicle
- Moving costs or costs associated with furnishing off-campus housing
- USMLE preparatory expenses
- Credit card or other consumer debt payments

### Section 1: STUDENT INFORMATION

Academic Year: \_\_\_\_\_

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

Student Name: \_\_\_\_\_ 700 Hofstra ID: \_\_\_\_\_

### Section 2: STUDENT HEALTH INSURANCE

The standard cost of attendance does not include the cost of student health insurance. Students may request to have this cost added to their budget. Eligible costs include student health insurance expenses only. Additional costs for family coverage will not be considered. Maximum allowable cost will be the lesser of the school premium or outside policy cost incurred. Please use the space on page 3 to provide in detail the reason for the budget increase request.

- ☐ Please increase my cost of attendance to include the cost of health insurance
- ☐ I have purchased an insurance plan through the School of Medicine
  - ☐ I have purchased an alternative insurance plan separate from the School of Medicine's plan

**TOTAL AMOUNT REQUESTED:** \$ \_\_\_\_\_

### REQUIRED DOCUMENTATION:

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:

- ☐ Summary of benefits
- ☐ Invoice
- ☐ Copy of payment receipt

### **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 or dental 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 provide in detail the reason for the budget increase request.

**TOTAL AMOUNT REQUESTED:** \$ \_\_\_\_\_

**REQUIRED DOCUMENTATION:**

- ☐ A letter from your physician or dentist indicating that procedure and/or treatment is necessary
  - ☐ Copies of paid receipt(s) detailing the procedure(s) and/or treatment(s)
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### **Section 4: AUTO REPAIRS AND MAINTENANCE**

The cost of attendance considers auto expenses that includes average fuel costs incurred during the academic year for transportation to and from the Zucker School of Medicine and/or required training sites. A cost of attendance adjustment request may be granted for additional emergency auto costs or required vehicle maintenance. 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 provide in detail the reason for the budget increase request.

**TOTAL AMOUNT REQUESTED:** \$ \_\_\_\_\_

**REQUIRED DOCUMENTATION:**

- ☐ Copy of paid receipt(s) fully detailing the cost of repair or service
  - ☐ For auto accidents:
    - Copy of your auto insurance policy including deductible amount
    - Copy of paid receipt(s) fully detailing the cost of repair
    - Accident report
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### **Section 5: COMPUTER EXPENSES**

Students may submit a one-time budget increase request for a computer/laptop purchase during your tenure at the Zucker School of Medicine.

The maximum allowable cost will be the lesser of the purchase price or \$1,500.

Students should review the [Policy on Student Laptops](#) for minimum technology requirements prior to purchasing a computer. Please use the space on page 3 to provide in detail the reason for the budget increase request.

**TOTAL AMOUNT REQUESTED:** \$ \_\_\_\_\_

**REQUIRED DOCUMENTATION:**

- ☐ Copy of purchase receipt
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## Section 6: CHILD CARE EXPENSES

The cost of attendance budget does not include the cost of child care. If you incur additional expenses for the care of a dependent child(ren) during class time, study time, clerkship, commuting time, or other education related activity, you may request that your cost of attendance be increased. Appropriate documentation must accompany your request. A reasonable maximum allowance may be placed on approved request. Please use the space on page 3 to provide in detail the reason for the budget increase request.

Name of the dependent child(ren):

\_\_\_\_\_  
Last

\_\_\_\_\_  
First

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Last

\_\_\_\_\_  
First

\_\_\_\_\_  
Date of Birth

### **REQUIRED DOCUMENTATION:**

- ☐ Copies of checks or payment made to the childcare provider (covering a span of at least 3 months during the current academic year)

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## Section 7: ERAS APPLICATION EXPENSES

The standard cost of attendance includes the costs associated with applying for up to 30 residency programs through the Electronic Residency Application Service (ERAS), as well as the standard registration fee for the National Residency Match Program (NRMP). Students are eligible to submit a request for costs incurred above 30 ERAS applications.

**TOTAL AMOUNT REQUESTED:** \$ \_\_\_\_\_

### **REQUIRED DOCUMENTATION:**

- ☐ Copy of payment history page for ERAS applications

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## Section 8: EXPLANATION / OTHER CIRCUMSTANCES

Please provide in detail the reason for the budget increase request indicated above or the reason for a budget increase request for a reason other than previously listed:

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## Section 9: STUDENT CERTIFICATION

- (1) I hereby attest that all of the information provided on this form is true and accurate to the best of my knowledge;
- (2) I understand that additional supporting documentation may be requested to make a decision regarding my cost of attendance increase request;
- (3) I understand that any decision made by the Office of Student Finance is final;
- (4) I understand that an increase to my cost of attendance will result in an increase in my federal student loan(s) only and;
- (5) I have the right to cancel all or part of any disbursement without being charged interest or loan fees within 120 days of disbursement.

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Student's Signature

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Date