



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

Cost of Attendance Adjustment Request

Zucker School of Medicine
Office of Student Finance
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Students may incur additional expenses during the academic year that are not included in the standard cost of attendance. Requests are considered on a case-by-case basis and are subject to review and approval by the Office of Student Finance. If approved, your federal student loan will be increased.

Supporting documents outlined in each special circumstance section below must be submitted along with copies of paid receipts that must be in the student's name. Expenses must occur during a current period of enrollment otherwise will not be considered.

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
- Consumer debt (i.e., monthly credit card payment)

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 a student health insurance plan. The cost of the health insurance plan will be considered for the student only. Additional coverage costs for spouse or family are not allowable.

The maximum allowable cost will be the lesser of the school premium or outside policy cost incurred. Please use the space in **Section 8** to provide a detailed reason for the budget increase request.

- I have purchased the Zucker School of Medicine Student Health Insurance Plan (SHIP)
- I have purchased an alternative insurance plan separate from the ZSOM SHIP

TOTAL AMOUNT REQUESTED: \$ _____

REQUIRED DOCUMENTATION:

No additional documentation is required if you purchased the ZSOM SHIP.

Submit the following documents if you purchased an alternative health insurance plan:

- Summary of benefits
- Invoice
- Copy of paid receipt

Section 3: MEDICAL/DENTAL

Student medical and dental expenses not covered by insurance can be submitted for review for a cost of attendance increase. Expenses must be incurred for the student only, and may include emergency expenses, prescription medications, or other therapies deemed medically necessary by a licensed physician. Copayments and procedures that are deemed purely cosmetic will not be considered. Confirmation of insurance coverage must be received prior to processing an increase. Any amount covered by insurance will not be approved. Please use the space in **Section 8** to provide a detailed reason for the budget increase request.

TOTAL AMOUNT REQUESTED: \$ _____

REQUIRED DOCUMENTATION:

- A letter from your physician or dentist indicating that the procedure and/or treatment is necessary
- Copies of paid receipt(s) detailing the procedure(s) and/or treatment(s) received
- Explanation of Benefits (EOB) from your insurance provider

Section 4: AUTOMOBILE REPAIRS AND MAINTENANCE

The standard 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. Additional auto repair or required vehicle maintenance will be considered with the appropriate documentation shown below. In the case of an auto accident, the request cannot exceed the cost of the deductible. Please use the space in **Section 8** to provide a detailed reason for the budget increase request.

TOTAL AMOUNT REQUESTED: \$ _____

REQUIRED DOCUMENTATION:

- Copy of paid receipt(s) fully detailing the cost of repair or service
- Copy of your auto insurance policy including the deductible amount
- For auto accidents:
 - All of the above including the accident report

Section 5: COMPUTER/LAPTOP

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 cannot exceed **\$1,500**. To be considered an allowable budget expense under federal guidelines, the purchase must be made during or just prior to the start of the academic year and should meet the minimum requirements set by the [ZSOM Laptop Policy](#).

Please use the space in **Section 8** to provide a detailed reason for the budget increase request.

TOTAL AMOUNT REQUESTED: \$ _____

REQUIRED DOCUMENTATION:

- Copy of paid receipt

Section 6: DEPENDENT CARE

For students with dependents, this allowance covers actual costs expected to be incurred for dependent care during periods that include but are not limited to class time, study time, clerkship, and commuting time. The amount of the allowance is based on the number and age of your dependents and should not exceed [reasonable cost](#) in the community for the type of care provided.

Please use the space in **Section 8** to add additional children, including their date of birth, and to provide a detailed reason for the budget increase request.

Name of the dependent child(ren):

_____	_____	_____
Last	First	Date of Birth
_____	_____	_____
Last	First	Date of Birth
_____	_____	_____
Last	First	Date of Birth

REQUIRED DOCUMENTATION:

- Copies of checks or payment made to the dependent care provider covering a span of at least 3 months during the current academic year

Section 7: ERAS APPLICATION EXPENSES

The standard cost of attendance includes the cost of applying for up to 30 residencies in a single specialty with the Electronic Residency Application Service (ERAS), and the standard registration fee for the National Residency Match Program (NRMP), totaling \$599 for the current academic year. Students may submit a request to include costs incurred above \$599.

TOTAL AMOUNT REQUESTED: \$ _____

REQUIRED DOCUMENTATION:

- Copy of payment history page for ERAS applications

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:

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 by the Office of Student Finance;
- (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 the federal loan disbursement without being charged interest or loan fees within 120 days of disbursement

Student's Signature

Date