



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

## Cost of Attendance Adjustment Request

Zucker School of Medicine  
Office of Student Finance  
500 Hofstra University  
Hempstead, NY 11549-5000  
[medicine.finaid@hofstra.edu](mailto:medicine.finaid@hofstra.edu)  
phone: 516.463.7523  
fax: 516.463.7540

Students may incur additional expenses during the academic year that are not included in the standard [Cost of Attendance](#) (COA). The Office of Student Finance will consider reasonable requests to adjust a student's COA on a case-by-case basis, and either approve or deny them. If approved, you may be eligible for additional federal student loan funds to cover the expense.

Supporting documentation listed in each special circumstance section below must be submitted with copies of paid receipts in the student's name. Expenses incurred must be during a student's enrollment period unless otherwise stated.

The following are non-allowable expenses:

- Purchase or lease of a new vehicle
- Moving costs or costs associated with furnishing off-campus housing
- Optional 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

All students are required to have health insurance however the cost is not included in the standard COA. An increase in a student's COA is allowable for the student only as an educationally related cost. Additional health insurance coverage costs for spouse and/or dependents are not allowable. The maximum allowable cost will be the lesser of the school's health insurance plan premium or external plan.

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 external health insurance plan

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

#### **REQUIRED DOCUMENTATION:**

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

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

- Summary of benefits
- Invoice from health insurance carrier
- Copy of paid receipt

---

### **Section 3: MEDICAL/DENTAL**

Student medical and dental expenses not covered by insurance can be submitted for review for a COA 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**

Expenses associated with operating and maintaining a vehicle (e.g., gas, oil change, insurance, other routine maintenance, etc.), and transportation between school, residence, other required training sites and place of work are included in the standard COA. Additional auto repairs will be considered with the appropriate documentation listed 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) in the student's name detailing the cost of repair or service
  - For auto accidents:
    - Copy of paid receipt(s) in the student's name detailing the cost of repair or service
    - Copy of your auto insurance policy including the deductible amount
    - Copy of the accident report
- 

### **Section 5: PERSONAL COMPUTER**

Students may submit a budget increase request for the purchase of a personal computer (desktop or laptop) and needed peripherals (keyboard, mouse, monitor, printer/scanner, USB cable, headphones, and external hard drive). This one-time allowable expense cannot exceed **\$1,500** and must be made prior to the enrollment period (i.e., purchased in the summer for use in the fall term) or during the enrollment period. For laptop purchases, it must 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 and a detailed description of the items purchased.

**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 COA includes the cost of applying for up to 30 residencies in a single specialty with the Electronic Residency Application Service (ERAS), ERAS transcript fee, and the standard registration fee for the National Residency Match Program (NRMP), totaling \$480 for the current academic year. Students may submit a request to include costs incurred above \$480.

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

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

**REQUIRED DOCUMENTATION:**

- Copy of payment history page for ERAS applications

---

**Section 8: EXPLANATION / OTHER CIRCUMSTANCES**

Please provide in the space below a detailed reason for the budget increase request.

---

**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 COA 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