



COLLEGE OF MEDICINE 2023-2024 COST OF ATTENDANCE (BUDGET) REEVALUATION

Please contact the College of Medicine Financial Aid Office for guidance

Student Name: _____ Student ID: _____

Address: _____ Zip: _____

Phone: _____ Email: _____

ADDENDUM: Away-Rotation Expenses (supporting documentation required):

Name of away rotation: _____

Dates of rotation: From _____ To _____

Travel round trip Airfare \$ _____

*NOTE: The cost of attendance already includes a yearly \$3,520 for normal transportation costs for 11 months for 4th year. In order to be considered for additional transportation expenses at your away rotation, you must document that in combination with your away rotation and normal costs you exceed the \$3,520. To do that, you must complete the transportation sections of **the Budget Reevaluation Form** before filling out the boxed section below. Otherwise, if you do not exceed the \$3,520 already included you do not need to complete the boxed section.*

Transportation during away rotation:	Gasoline purchases:	\$ _____
<i>*see note above</i>	Rental car:	\$ _____
	Bus:	\$ _____
	Cab:	\$ _____
	Subway:	\$ _____
	Parking at hospital/clinic:	\$ _____

Are you responsible for housing in Phoenix during away rotation? YES () NO ()

Housing cost during away rotation: \$ _____

Miscellaneous (Hospital Badges, Fees, Immunizations)

Nature of Expense _____ \$ _____

Nature of Expense _____ \$ _____

I certify that the information on this cost of attendance reevaluation is accurate to the best of my knowledge.

Student Signature: _____ **Date:** _____