



**TRANSPORTATION EXPENSES - Academic Year 2023-2024**

\*Please contact the College of Medicine Financial Aid Office for guidance.

*Please type or write in dark ink. DO NOT use pencil.*

LAST NAME:	FIRST:	MI:	STUDENT ID #:
ADDRESS:			ZIP:
PHONE:		E-MAIL:	
<input type="checkbox"/> 1 <sup>st</sup> Year Medical	<input type="checkbox"/> 2 <sup>nd</sup> Year Medical	<input type="checkbox"/> 3 <sup>rd</sup> Year Medical	<input type="checkbox"/> 4 <sup>th</sup> Year Medical

You only need to complete and submit this page if you are requesting an increase for transportation related expenses. You should only do this if your costs exceed \$320 per month. Please do not include car payments as they cannot be considered.

**ADDENDUM: Transportation Expenses for Academic Year (Supporting documentation may be required)**

(College of Medicine Year 1 = 12 months; Year 2 = 12 months; Year 3 = 12 months; Year 4 = 11 months)

- \$ \_\_\_\_\_ Registration of vehicle (one year)
- \$ \_\_\_\_\_ Vehicle Insurance ( \$ \_\_\_\_\_ per month; #months \_\_\_\_ )
- \$ \_\_\_\_\_ Parking permit (permit type: \_\_\_\_\_)
- \$ \_\_\_\_\_ Fuel (Average fuel \$ \_\_\_\_\_ per month; #months: \_\_\_\_ )
- \$ \_\_\_\_\_ Oil changes per academic year (cost \$ \_\_\_\_\_; Quantity: \_\_\_\_)

Car service or repairs (**must include receipt**). Vehicle repairs will be considered on student's vehicle only and must occur during current enrollment period. Repairs exceeding \$3,000 may require additional documentation.

\$ \_\_\_\_\_ Date: \_\_\_\_\_ Nature of Repair: \_\_\_\_\_

\$ \_\_\_\_\_ Date: \_\_\_\_\_ Nature of Repair: \_\_\_\_\_

\$ \_\_\_\_\_ Date: \_\_\_\_\_ Nature of Repair: \_\_\_\_\_

\$ \_\_\_\_\_ Date: \_\_\_\_\_ Nature of Repair: \_\_\_\_\_

\$ \_\_\_\_\_ **Total Yearly Transportation Expenses**

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

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_