

2006-07 ITEMIZED COST OF ATTENDANCE EVALUATION FORM

Student's Name: _____

PSU ID: _____

Office Use Only:

Issued By: _____

Date Issued: ____/____/____

Reason Issued: _____

AFJP (ICOA)

Student Status: Medical Graduate

Enrollment Period: Fall Spring Summer

INSTRUCTIONS:

- Use ONLY Black ink on this form
- Provide all documents requested for the item(s) that need to be evaluated
- Include all elements required in Step 2 – “Statement of Explanation”
- Sign and return the completed form (Step 1 & 2) and any required attachments to:
 - Penn State College of Medicine.

Step 1 – Reason for Cost Increase / Required Documentation:

Off Campus Housing

- Attach a copy of your current lease or rental agreement
 - Complete Step 2 - “Statement of Explanation”: Indicate off campus address and beginning date of residence at this address

Unusual Transportation Expenses (Car Repairs for M3 and M4 students)

- Attach copies of bills or receipts of expenses incurred
- Complete Step 2 - “Statement of Explanation” indicating the conditions/circumstances that require you to incur increased transportation expenses. The statement must address all of the following:
 - Cost incurred to travel to class, work in the library or other related educational activities necessitated by course requirements (required rotations)

Student’s Dependent Care Expenses

- Attach contract or documentation from dependent care provider outlining cost and period of service
- Complete Step 2 - “Statement of Explanation” indicating the need for dependent care while attending classes, studying and commuting during periods of enrollment. The statement must address all of the following:
 - Hours care is required
 - Type of care required (Examples: daycare, home health care, etc.)
 - Cost of care while student is attending class during period of enrollment
 - If applicable, reason for spouse’s inability to provide care for the dependent(s)
 - Number of dependents requiring care and their age

Medical Expenses

- Attach copies of bills or receipts of costs incurred
- Complete Step 2 - “Statement of Explanation” indicating the conditions/circumstances which require the reason for different insurance or above average medical expenses. The statement must address all of the following:
 - Medical Expenses
 - ◆ Nature of illness or condition (for medical expenses only)
 - ◆ Length of time illness or condition has existed
 - ◆ Required treatment for illness or condition and time period for the treatment
 - ◆ Cost for treatment and/or medication not covered by insurance
 - Insurance Cost – reason for different insurance

Computer Purchase/Rental

- Attach a copy of your receipt with the date of purchase **or** a copy of an estimated invoice from a vendor listing costs for all components, and pre-loaded software. For information on computer purchases through Penn State, refer to <http://moc.cac.psu.edu>
- Complete Step 2 - "Statement of Explanation" indicating your request for the increase of the cost to purchase a computer for educational purposes.
- You also must include the following if applicable:
 - Computer cost is over \$1,500 (\$2,200 for laptop) the statement must include an explanation of why this type of computer including various upgrades, options, etc. is needed for your required course work.
 - Computer cost is over \$2000 (\$2,700 for laptop) requires a statement from a faculty member in your department indicating why this computer/software is needed for your required course work.

NOTE: If you attend Penn State both fall and spring semesters, your increase in cost and aid eligibility will be split equally between both semesters

Disability Expenses

- Attach receipts and documents confirming the expense
- Complete Step 2 - "Statement of Explanation" indicating the increased expenses incurred as a result of your disability. The statement should address all of the following:
 - Reason for the expense
 - Type of expense
 - Amount of the expense
 - The amount of support received from any assisting agencies that are providing support for the expense

Other: _____ (must meet with a Student Aid staff member for this request)

Reason for the expense/purchase: _____

- Attach receipts and documents which support the expense/purchase listed above
- Complete Step 2 - "Statement of Explanation" indicating the need for the cost increase

Step 2 – Statement of Explanation

In the space below, provide a detailed statement indicating the circumstances for your request to increase your cost of attendance. Be sure to include all elements required for the items marked in Step 1. Attach an additional page, if necessary.

By signing this document, I certify that all the information provided on this document and any attachment is true and complete to the best of my knowledge. The funds received will be used for the purpose indicated on this form. If I purposely give false or misleading information on this document, it will be cause for denial or repayment of student aid and I may be fined, be sentenced to prison, or both

Student Signature _____ **Date** _____