

The Office of Student Financial Aid may be able to provide you with additional financial aid eligibility for the cost of unavoidable medical or dental expenses that exceed what is included in your Cost of Attendance (COA). An offer of additional aid is not guaranteed. Each adjustment is reviewed on a case-by-case basis.

You must submit proof of the expenses and payment made by you or someone whose income is included in your FAFSA in order to be granted an increase. You will be notified via email of the outcome of the request. Please allow three weeks for processing.

COA increase requests should be submitted no later than 45 days before your last date of attendance. Please refer to the [Cost of Attendance Adjustment Policy](#) on our website for more information about COA adjustments. Some expenses are already built into the monthly budget. For details, visit [here](#).

		\$ _____
STUDENT NAME	7-DIGIT STUDENT ID	TOTAL REQUESTED

EXPLANATION

Please use this section to briefly outline the expenses incurred, necessitating the line items listed in the next section.

ITEMIZATION

Please use this section to list each bill for which you are seeking reimbursement. Attach receipt of payment for each item; if you are on a payment plan with the provider, please indicate so in the notes and provide confirmation of approved payment plan.

Provider Name	Date of visit	Date bill paid	Amount
Receipt attached	Notes: _____		

Provider Name	Date of visit	Date bill paid	Amount
Receipt attached	Notes: _____		

Provider Name	Date of visit	Date bill paid	Amount
Receipt attached	Notes: _____		

ITEMIZATION, cont'd

Provider Name _____ Date of visit _____ Date bill paid _____ Amount _____

Receipt attached _____ Notes: _____

Provider Name _____ Date of visit _____ Date bill paid _____ Amount _____

Receipt attached _____ Notes: _____

Provider Name _____ Date of visit _____ Date bill paid _____ Amount _____

Receipt attached _____ Notes: _____

Please submit additional copies if more spaces are needed.

Please check the boxes below, indicating that you have read and agree to the following:

- I have submitted all required documentation and understand that the Student Financial Aid Office will revise my award, if appropriate, after the appeal has been processed.
- I understand that submission of the document does not guarantee a change in my financial aid award.
- I understand that I will receive an email notifying me of any change in my Cost of Attendance once this appeal has been processed.

If approved- I would like to receive the funds as the following aid type: _____
(examples: Grad PLUS, KU Endowment, Private loan lender, etc.)

To protect your information, we ask that all documentation be sent confidentially using your KUMC.EDU email address. To send a secure email, place [secure] (brackets included) at the beginning of the subject line in your email. More information can be found online: <https://kumed.sharepoint.com/sites/mykumc/ir/Pages/Secure-Email.aspx>

I attest to the accuracy of the information provided in this document.

STUDENT SIGNATURE _____ **DATE** _____

For Department Use Only:

Budget Maint _____ Comment _____ Date Complete _____
Award Entry _____ Email sent _____ Completed by _____