

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

The Cost of Attendance for fourth-year medical students includes \$2,900 for anticipated residency interview expenses. The Student Financial Aid Office (SFAO) may be able to increase a student’s COA to include additional costs associated with interviewing for residency. A successful appeal will result in additional aid eligibility up to a total of \$5,000 for residency interview expenses. If approved, students may borrow additional loans to reimburse their expenses, less the \$2,900 already in the COA.

Appeals and corresponding documentation should be submitted no later than 45 days prior to the student’s last date of enrollment in the academic year. The student is responsible for securing aid to reimburse themselves, and such aid applications should also be submitted no later than 45 days prior to the end of the academic year.

SFAO will consider reasonable costs associated with travel expenses, including flight, shuttle, and hotel. Other expenses incurred can be submitted; no guarantees of approval will be made until SFAO has reviewed all documentation.

Please use pages two through five to enter information about your travel. Provide corresponding receipts for each expense and attach additional copies as needed. SFAO may ask for clarification or additional documentation.

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.
- I understand that my Cost of Attendance already accounts for \$2,900 in residency interview travel expenses. If approved, I will be reimbursed for my actual expenses, less \$2,900.
- I understand an approved appeal does not guarantee additional funds and that I am responsible for securing my chosen type of aid for reimbursement

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] (including brackets) at the beginning of the subject line in your email. More information can be found at this site: <https://kumed.sharepoint.com/sites/mykumc/ir/Pages/Secure-Email.aspx>

All students must sign and date:

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

STUDENT SIGNATURE	DATE

For Department Use Only:

Budget Maint. _____	Award Entry _____	Date Complete _____
Email _____	Comment _____	Completed By _____

Office of Student Financial Aid

INFORMATION ABOUT INTERVIEW(S)

<u>INTERVIEW ONE:</u>	_____	_____	_____
	Destination	Departure Date	Return Date
<u>INTERVIEW TWO:</u>	_____	_____	_____
	Destination	Departure Date	Return Date
<u>INTERVIEW THREE:</u>	_____	_____	_____
	Destination	Departure Date	Return Date
<u>INTERVIEW FOUR:</u>	_____	_____	_____
	Destination	Departure Date	Return Date
<u>INTERVIEW FIVE:</u>	_____	_____	_____
	Destination	Departure Date	Return Date
<u>INTERVIEW SIX:</u>	_____	_____	_____
	Destination	Departure Date	Return Date
<u>INTERVIEW SEVEN:</u>	_____	_____	_____
	Destination	Departure Date	Return Date
<u>INTERVIEW EIGHT:</u>	_____	_____	_____
	Destination	Departure Date	Return Date

DETAILS ABOUT EXPENSES

*Date incurred = date paid. Date of activity = date event occurred. Example: a September 1 flight is purchased August 1. August 1 is date incurred, September 1 is date of activity.

<u>INTERVIEW ONE:</u>			
_____	_____	_____	_____
Type of Expense	Vendor	Date incurred*	Date of activity*
_____	_____	_____	_____
Type of Expense	Vendor	Date incurred*	Date of activity*
_____	_____	_____	_____
Type of Expense	Vendor	Date incurred*	Date of activity*
_____	_____	_____	_____
Type of Expense	Vendor	Date incurred*	Date of activity*
_____	_____	_____	_____
Type of Expense	Vendor	Date incurred*	Date of activity*

Office of Student Financial Aid

INTERVIEW TWO:

_____ Type of Expense	_____ Vendor	_____ Date incurred*	_____ Date of activity*
_____ Type of Expense	_____ Vendor	_____ Date incurred*	_____ Date of activity*
_____ Type of Expense	_____ Vendor	_____ Date incurred*	_____ Date of activity*
_____ Type of Expense	_____ Vendor	_____ Date incurred*	_____ Date of activity*
_____ Type of Expense	_____ Vendor	_____ Date incurred*	_____ Date of activity*

INTERVIEW THREE:

_____ Type of Expense	_____ Vendor	_____ Date incurred*	_____ Date of activity*
_____ Type of Expense	_____ Vendor	_____ Date incurred*	_____ Date of activity*
_____ Type of Expense	_____ Vendor	_____ Date incurred*	_____ Date of activity*
_____ Type of Expense	_____ Vendor	_____ Date incurred*	_____ Date of activity*
_____ Type of Expense	_____ Vendor	_____ Date incurred*	_____ Date of activity*

INTERVIEW FOUR:

_____ Type of Expense	_____ Vendor	_____ Date incurred*	_____ Date of activity*
_____ Type of Expense	_____ Vendor	_____ Date incurred*	_____ Date of activity*
_____ Type of Expense	_____ Vendor	_____ Date incurred*	_____ Date of activity*
_____ Type of Expense	_____ Vendor	_____ Date incurred*	_____ Date of activity*
_____ Type of Expense	_____ Vendor	_____ Date incurred*	_____ Date of activity*

INTERVIEW FIVE:

_____ Type of Expense	_____ Vendor	_____ Date incurred*	_____ Date of activity*
_____ Type of Expense	_____ Vendor	_____ Date incurred*	_____ Date of activity*
_____ Type of Expense	_____ Vendor	_____ Date incurred*	_____ Date of activity*
_____ Type of Expense	_____ Vendor	_____ Date incurred*	_____ Date of activity*
_____ Type of Expense	_____ Vendor	_____ Date incurred*	_____ Date of activity*

INTERVIEW SIX:

_____ Type of Expense	_____ Vendor	_____ Date incurred*	_____ Date of activity*
_____ Type of Expense	_____ Vendor	_____ Date incurred*	_____ Date of activity*
_____ Type of Expense	_____ Vendor	_____ Date incurred*	_____ Date of activity*
_____ Type of Expense	_____ Vendor	_____ Date incurred*	_____ Date of activity*
_____ Type of Expense	_____ Vendor	_____ Date incurred*	_____ Date of activity*

INTERVIEW SEVEN:

_____ Type of Expense	_____ Vendor	_____ Date incurred*	_____ Date of activity*
_____ Type of Expense	_____ Vendor	_____ Date incurred*	_____ Date of activity*
_____ Type of Expense	_____ Vendor	_____ Date incurred*	_____ Date of activity*
_____ Type of Expense	_____ Vendor	_____ Date incurred*	_____ Date of activity*
_____ Type of Expense	_____ Vendor	_____ Date incurred*	_____ Date of activity*

INTERVIEW EIGHT:

_____ Type of Expense	_____ Vendor	_____ Date incurred*	_____ Date of activity*
_____ Type of Expense	_____ Vendor	_____ Date incurred*	_____ Date of activity*
_____ Type of Expense	_____ Vendor	_____ Date incurred*	_____ Date of activity*
_____ Type of Expense	_____ Vendor	_____ Date incurred*	_____ Date of activity*
_____ Type of Expense	_____ Vendor	_____ Date incurred*	_____ Date of activity*