PENNSTATE

Office of Student Aid H060
Penn State College of Medicine
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2012-13 ITEMIZED COST OF ATTENDANCE EVALUATION FORM

Student's Name: _____ _____

Student Status: ☐ Medical

Enrollment Period: ☐ Fall ☐ Spring

PSU ID: _____

Issued By: _____

Date Issued: _____/_____/_____

Reason Issued: _____

☐ **AFJP** (ICOAI)

INSTRUCTIONS:

- Use ONLY Black ink on this form
- Provide all documents requested for the item(s) marked
- Include all elements required in Step 2 – "Statement of Explanation"
- Sign and return the completed form (Step 1 & 2) and any required attachments to:
  - **C 1802**.
  - **The address listed above**

Step 1 – Reason for Cost Increase / Required Documentation: (Respond only to checked boxes)

☐ **Rent**

- Attach a copy of your current lease or rental agreement
- Complete Step 2 - "Statement of Explanation" indicating the conditions/circumstances which require you to pay more rent. The statement must address all of the following:
  - Reason for increased expense
  - Amount paid for monthly rent
  - Number of people residing in residence

☐ **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, details are not required (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

☐ **Unusual Transportation Expenses**

- Attach copies of bills or receipts of expenses incurred. Attach copy of car registration.
- Complete Step 2 - "Statement of Explanation" indicating the conditions/circumstances which require you to incur increased transportation expenses. The statement must address all of the following:
  - Cost incurred to repair automobile that is registered in your name, used by you and repairs that are paid by you during M3 and M4 years. Expenses must be incurred during the academic enrollment period.
  - Cost of public transportation, if appropriate

☐ **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 and age of dependents requiring care

☐ **One-Time 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 the cost for all components and pre-loaded software. For information on computer purchases through Penn State, refer to http://computerstore.psu.edu/. Purchase must be after August 1 and before April 30 of current academic year.
- Complete Step 2 - "Statement of Explanation" explaining your request for an increase to the cost for the 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.
  - Exceptions to the above conditions:
    - Incoming students may purchase a computer between May 1 and April 30 of their academic year of matriculation
    - There are no increases for computers bought in spring semester of year 4

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 the 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 providing support for the expense.

☐ **Other**

Reason for the expense/purchase ***(to be completed by Office of Student Aid staff member)*** _____

- 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.

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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** _____