



2024-2025 Cost of Attendance Adjustment Request

APPLICANT INFORMATION

LAST NAME	FIRST NAME	DATE	GWID
MD Program Graduation Year:		Email:	Phone #:

- Use of this form is for a one-time cost of attendance (COA) adjustment. Additional requests will require a new form.
- You may request an increase of your COA for valid education related expenses as defined by the [US Department of Education](#) and incurred during the academic year that have not already been included in the current COA. Requests are reviewed on a case-by-case basis by the Office of Financial Aid. Supporting documentation must be provided before a request can be considered. Please indicate below the type of request and attach the appropriate documentation.
- The last day to submit a complete request for MS1 and MS4 students is April 15 of the current academic year.
- The last day to submit a complete request for MS2 and MS3 students is May 15 of the current academic year.
- Additional documentation may be required to properly review this request.
- **Note: Requests submitted that are incomplete will not be reviewed or processed.**

<p>\$ _____ Unexpected Out-of-Pocket Medical or Dental Expenses: Provide PAID IN FULL itemized receipts of expenses that are not reimbursed by insurance or other sources and EOBs.</p>
<p>\$ _____ Dependent Care Costs: Provide signed contract on letterhead. If the care-giver is a family member or in-home provider, please submit a signed and notarized contract.</p>
<p>\$ _____ Local Transportation Costs Exceeding COA Allowance: provide receipts and/or google maps. Mileage will be reimbursed at \$0.67/mile. Please provide your affiliated rotation location _____ start/end dates _____ <small>Note: Away rotations will not be considered.</small></p>
<p>\$ _____ MS4 ERAS Costs Exceeding COA Allowance: provide documentation from ERAS of fees paid and programs to which you have applied. Note: Requests for additional funding for 4th Year Residency <u>Travel</u> Interviews are made through a separate request process.</p>
<p>\$ _____ Disability Accommodation Expenses: Please contact dss@gwu.edu for assistance in documenting accommodations.</p>
<p>\$ _____ Other Education Related Expense: Attach explanation and appropriate documentation.</p>
<p>Please Increase my loan(s) for semester: _____ Fall _____ Spring _____ Both</p> <p>_____ Unsubsidized Federal Direct Loan Amount: \$ _____</p> <p>_____ Graduate PLUS Federal Loan Amount: \$ _____</p> <p><small>Note: Graduate PLUS loans are credit based. A credit check is valid for 180 days. This may impact your credit score.</small></p>
<p>By signing this form, I certify that the information provided within this request is true and accurate. I acknowledge that I may be subject to disciplinary action and be liable for repayment of any financial assistance received if the information that I am providing is inaccurate or untrue.</p> <p>I understand that approval of the request for additional COA funds does not guarantee receipt of additional loan proceeds or the amount of funds requested. I understand that a revised financial aid email will be sent to me, if approved.</p> <p>Student Signature _____ Date _____</p>

This form and all documentation must be submitted to the GW SMHS Office of Financial Aid in person (Ross Hall Room 106) or via medfinan@gwu.edu. If you are submitting this form electronically please make sure to [password protect your PDF](#). This form and the approval of requests is subject to change based on changes in institutional and federal regulations.