2015-2016
Budget Increase Application

Class of: 20__ Year in Program: ____________________________

Degree: □ MD □ PhD □ Master’s

A Cost of Attendance budget* is an estimate of what it will cost you to attend Weill Cornell for one academic year. This includes tuition, student fees and expenses for housing, health insurance and personal items. If you find that your actual costs exceed the estimated budget and you can provide documentation, you may be eligible for a budget increase awarded in unsubsidized loans. To request a budget increase, please complete this form. Documentation will be required in order for your request to be reviewed.

* A copy of your budget is available on the Financial Aid/Student Services Website

APPLICATIONS SUBMITTED WITHOUT REQUIRED DOCUMENTATION WILL BE DENIED

Student Name: ___________________________________ Phone #: ___________________ Stu Email/CWID: ______________________

<table>
<thead>
<tr>
<th>Type of Cost</th>
<th>Cost</th>
<th>Eligibility / Documentation Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Books &amp; Supplies</td>
<td>$</td>
<td>You must demonstrate that your total books/supplies cost exceeds allowance.</td>
</tr>
<tr>
<td>(Amt. exceeding current allowance)</td>
<td></td>
<td>• Receipts for all books and supplies required</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Note: Step 1 test prep materials are not considered an allowable cost.</td>
</tr>
<tr>
<td>Housing/Utilities</td>
<td>$</td>
<td>You must demonstrate that your total housing cost exceeds your current budget.</td>
</tr>
<tr>
<td>(Electric, gas or water only)</td>
<td></td>
<td>• Copy of lease or copies of canceled rent checks</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Copies of utility bills specifying your portion (if claiming this expense)</td>
</tr>
<tr>
<td>Medical Expenses</td>
<td>$</td>
<td>• Bill from the doctor and/or provider of services and documentation from insurance company of what will be covered by insurance.</td>
</tr>
<tr>
<td>(not covered by insurance)</td>
<td></td>
<td>• Receipts or bills for medication, optical, or dental expenses; the bill must indicate amount not covered by insurance.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Itemized list with dates corresponding to receipts above.</td>
</tr>
<tr>
<td>Childcare</td>
<td>$</td>
<td>• Copy of invoice, receipts or cancelled checks for payment to service provider</td>
</tr>
<tr>
<td>Optional WCMC Dental/Vision insurance</td>
<td>$</td>
<td>• Copy of Student Account bill listing charge</td>
</tr>
<tr>
<td>(one time allowance per degree)</td>
<td></td>
<td>• Invoice or documentation showing estimate of cost</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Receipt for purchase of computer</td>
</tr>
<tr>
<td>Other</td>
<td>$</td>
<td>• Provide itemization and documentation of all expenses</td>
</tr>
<tr>
<td>(Special circumstances must be discussed with the office prior to submitting this form)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residency Costs</td>
<td>$</td>
<td>• Must attach completed Residency Affidavit Form</td>
</tr>
<tr>
<td>(Graduating Med students only)</td>
<td></td>
<td>• Requests are accepted as of September of your graduating year</td>
</tr>
</tbody>
</table>

If your request is approved, you will receive a revised financial aid award letter via email. If you have questions, please contact the office.

Student Certification
I certify that the expenses listed here are true and accurate, and I understand that I must notify the Financial Aid Office if my expenses decrease.

__________________________ ____________________________
Signature of Student Date

Return completed form to the Financial Aid Office, Olin 110.

Processed: ______________

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