



**Weill Cornell Medicine**  
**Residency Cost Affidavit**  
**2017-2018**

A cost of attendance increase is permissible per federal regulation [Higher Education Act, Sec 472] for costs incurred for travel to residency interviews. This additional allowance is intended to allow the student to borrow additional loans from the Federal Direct Unsubsidized Loan Program/Graduate PLUS Loan Program.

**Please Read Instructions Carefully:**

**Use this form to list the amount of your expenses including all residency application fees, transportation and lodging.**

**You must provide copies of all receipts for costs already incurred.** Exceptions: Airfare/hotel estimates may only be accepted for reservations you have made & need to purchase within 15 days (proof of fare/reservation required - actual receipt will be required upon immediately after purchase); rental car estimates are only granted per mileage (see Federal Standard Mileage rate).

**Please be clear and concise & label all of your documentation/receipts appropriately to assist in review.**

\_\_\_\_\_  
**Student Name** **Class** **Student ID #**

**Specialty:** \_\_\_\_\_  
*(i.e. Emergency Medicine)*

**How many programs did you apply to?** \_\_\_\_\_

**Amount of application fees:** Attach acceptable proof of fees. \$ \_\_\_\_\_ -

**Total number of interviews you will be traveling to outside of the NYC Metro area?** \_\_\_\_\_ 0

Indicate number of round-trips per State					
AL		KS		NY	
AK		KY		OH	
AS		LA		OK	
AZ		MA		OR	
AR		ME		PA	
CA		MD		RI	
CO		MI		SC	
CT		MO		SD	
DC		MN		TN	
DE		MS		TX	
FL		MT		UT	
GA		NC		VA	
HI		ND		VT	
ID		NE		WA	
IL		NH		WI	
IN		NJ		WV	
IA		NM		WY	

**Other:**

**Transportation & Lodging - In designated box, specify frequency of each round-trip & total expenses incurred:**

<b>Number of Air Trips:</b>		<b>Air Expenses:</b>	\$ _____ -
<b>Number of Train/Bus/Cab Trips:</b>		<b>Train/Bus/Cab Expenses:</b>	\$ _____ -
<b>Number of Rental Car Trips:</b>		<b>Mileage* at \$0.55/mile:</b>	\$ _____ -
<b>Number of Hotel Stays:</b>		<b>Lodging/Hotel Expenses:</b>	\$ _____ -

[\\*Federal Standard Mileage Rate](#)

**Total Expenses:** \$ \_\_\_\_\_ -

**Loan Amount Requested (if different from total above):** \$ \_\_\_\_\_ -

**Student Certification**

I hereby state that the information included herein is true and accurate to the best of my knowledge. The Financial Aid Office reserves the right to verify all expenses presented on this form.

\_\_\_\_\_  
**Student Signature** **Date**

Please return completed form with supporting receipts to the Financial Aid Office, 1300 York Avenue, Room C-114 | Email: [finaid@med.cornell.edu](mailto:finaid@med.cornell.edu)

Processed: