

2018-19 Budget Increase Application

Student Name: _____ Student CWID: _____

Class of: 20____ Year in Program: _____

Degree: MD PhD Master's _____

1300 York Avenue
Room C-114
New York, NY 10065
T: 212.746.1065
F: 212.746.5981

A **Cost of Attendance or Class "budget"** is an estimate of what it will cost you to attend Weill Cornell for one academic year. This includes tuition, student fees, books, exams and expenses for housing, health insurance and personal expenses. If you find that your actual costs exceed the estimated budget, and you can provide proof, you may request a loan adjustment of your unsubsidized loans. To document a budget increase and request a loan adjustment, please complete this form and attach it along with the [Loan Adjustment Form](#). Supporting documentation, as listed, is required for all requests. A [copy of your budget](#) is available on the Student Services Website & is also listed on your Financial Aid Award Letter.

You must contact our office before incurring these costs. We do not guarantee approval of any costs outside of the standard budget.

Attach Loan Adjustment Form to this application

Type of Cost	Cost	Eligibility / Documentation Requirements
Housing/Utilities (Electric, gas or water only)	\$	You must demonstrate that your total housing cost exceeds your current budget. <ul style="list-style-type: none"> • Copy of lease or copies of canceled rent checks • Copies of utility bills specifying your portion (if claiming this expense)
Medical Expenses (not covered by insurance)	\$	<ul style="list-style-type: none"> • Bill from the doctor and/or provider of services and documentation from insurance company of what will be covered by insurance. • Receipts or bills for medication, optical, or dental expenses; the bill must indicate amount not covered by insurance. If there is an ongoing condition, provide documentation and/or estimate of treatment costs not covered by insurance. • Itemized list with dates corresponding to receipts above.
Childcare	\$	<ul style="list-style-type: none"> • Copy of invoice, receipts or cancelled checks for payment to service provider
Optional WCMC Dental/Vision insurance	\$	<ul style="list-style-type: none"> • Copy of Student Account bill listing charge
Computer (one time allowance per degree)	\$	<ul style="list-style-type: none"> • Invoice or documentation showing estimate of cost • Receipt for purchase of computer
Other (Special circumstances must be discussed with the office prior to submitting this form)	\$	<ul style="list-style-type: none"> • Provide itemization and documentation of all expenses
Away Rotations	\$	<ul style="list-style-type: none"> • Must attach confirmation of participation • Receipts for transportation and/or relevant expense (require approval by FAO)

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 Office of Financial Aid, 1300 York Avenue, Room C-114, or email to: finaid@med.cornell.edu