

# 2020-21 Budget Increase Application

Student Name: \_\_\_\_\_ Student CWID: \_\_\_\_\_

Class of: 20\_\_\_\_ Year in Program: \_\_\_\_\_

Degree:  MD  PA  Master's

1300 York Avenue  
Room C-114  
New York, NY 10065  
T: 646.962.3479  
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 indicate loan amount request below.

**\*Contact OFA with questions before incurring these costs. We cannot guarantee approval of any costs outside of the standard budget.\***

Type of Cost	Cost	Eligibility / Documentation Requirements
<b>Housing + Utilities</b> (Electric, gas or water only) Max allowance: \$2,000/month combined	\$	You must demonstrate that your total housing cost exceeds your allotted budget for this expense. <ul style="list-style-type: none"> <li>• Copy of lease or copies of canceled rent checks</li> <li>• Copies of utility bills specifying your portion (if claiming this expense)</li> </ul>
<b>Medical Expenses</b> (not covered by insurance)	\$	<ul style="list-style-type: none"> <li>• Bill from the doctor and/or provider of services and documentation from insurance company of what will be covered by insurance.</li> <li>• 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.</li> <li>• Itemized list with dates corresponding to receipts above.</li> </ul>
<b>Childcare</b>	\$	<ul style="list-style-type: none"> <li>• Copy of invoice, receipts or cancelled checks for payment to service provider</li> </ul>
<b>Optional WCMC Dental/Vision insurance</b>	\$	<ul style="list-style-type: none"> <li>• Copy of Student Account bill listing charge</li> </ul>
<b>Computer</b> (one time allowance per degree)	\$	<ul style="list-style-type: none"> <li>• Invoice or documentation showing estimate of cost</li> <li>• Receipt for purchase of computer</li> </ul>
<b>Other</b> (Special circumstances must be discussed with the office prior to submitting this form)	\$	<ul style="list-style-type: none"> <li>• Provide itemization and documentation of all expenses</li> </ul>
<b>Away Rotations</b>	\$	<ul style="list-style-type: none"> <li>• Must attach confirmation of participation</li> <li>• Receipts for transportation and/or relevant expense (require approval by FAO)</li> </ul>
<b>TOTAL COSTS</b>	\$	<b>Indicate loan amount request below.</b>

### Loans Requested (specify whole dollar amount):

William D. Ford Federal Direct Unsubsidized Loan (org. fee 1.059%) Requested amount: \$ \_\_\_\_\_

William D. Ford Federal Direct Graduate PLUS Loan (org. fee 4.236%) Requested amount: \$ \_\_\_\_\_

Check option below:

- The requested amount is the net amount I want disbursed. I authorize the Office of Financial Aid to calculate the origination fee, and increase my total loan amount to include this fee.
- Do not include the origination fee(s).

The OFA will review your total loan eligibility. If your request is approved, you will receive a revised Financial Aid 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

WCM Office of Financial Aid | 1300 York Avenue, NY, NY 10065, Room C-114 | E-mail: [finaid@med.cornell.edu](mailto:finaid@med.cornell.edu)

Processed: