



**Student Name:** \_\_\_\_\_ **Class Year:** \_\_\_\_\_ **Banner ID:** \_\_\_\_\_

**Adjustments to the Student Cost of Attendance (COA)**

The AMS Office of Financial Aid suggests an email or meeting to discuss your current circumstance. Once it is determined you qualify for a COA adjustment, please upload this form, an itemized receipt of the expense incurred and proof of payment through [SSB](#).

Please check the box that best describes the reason for your COA adjustment request for the academic year. We need the detail of the expense along with proof of payment. These expenses must be in student's name and paid with student funds. All requests are due April 1<sup>st</sup>.

**AMOUNT REQUESTED**

<p><b>Medical and Dental Expenses:</b> (\$5,000 maximum per year for expenses paid out-of-pocket and will not be reimbursed)</p> <ul style="list-style-type: none"> <li>▪ Copies of receipts for medical and dental procedures and proof of payments you have made <b>or,</b></li> <li>▪ Copies of medical and/or dental bills that you estimate to pay, and once treatment received, then copies of receipts for medical and dental procedures and proof of payments you have made</li> </ul>	
<p><b>One-Time Computer Purchase:</b> (\$2,000 maximum increase while in medical school)</p> <ul style="list-style-type: none"> <li>▪ Copy of receipt for computer purchase</li> <li>▪ Proof of payment</li> </ul>	
<p><b>Car Repairs:</b> (\$2,000 maximum increase for the academic year)</p> <ul style="list-style-type: none"> <li>▪ Itemized invoice of work completed</li> <li>▪ Proof of payment</li> </ul>	
<p><b>Housing Expense:</b></p> <ul style="list-style-type: none"> <li>▪ Signed copy of current rental agreement</li> </ul>	
<p><b>Other Expenses:</b></p> <ul style="list-style-type: none"> <li>▪ Copy of receipt</li> <li>▪ Proof of payment</li> </ul>	
<p><b>Dependent Childcare:</b></p> <ul style="list-style-type: none"> <li>▪ Copy of receipts that show monthly expenses</li> <li>▪ Proof of monthly payment</li> </ul>	

**Student Cost of Attendance Adjustment Statement** *(Please be very specific).*

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

*Please upload this form through Self-Service Banner (SSB) <https://selfservice.brown.edu>:*

Alpert Medical School ~ Office of Financial Aid ~ Box G-M123 ~ Providence RI 02912  
phone: 401-863-1142 ~ email: MD\_FinAid@brown.edu ~ fax: 401-863-5113