



Burrell College of Osteopathic Medicine 3501
 Arrowhead Drive Las Cruces, NM 88001
www.burrell.edu
Burrell College of Osteopathic Medicine
 3011 S Babcock St
 Melbourne, FL 32901

Review of Cost-of-Attendance

The Cost of Attendance (COA) is an estimate of the student's educational expenses for the academic year for which a student is enrolled. The COA is used to determine the amount of financial aid a student can receive during the period of enrollment. The COA is determined within the federal guidelines and consists of actual tuition and fees, estimated living allowance, travel and other personal expenses.

Additional educational expenses may be considered in adjusting the COA that may not have been included in the standard COA determination. A student can submit an appeal for the nine-month academic year if they feel that their actual COA is higher than estimated COA.

A signed, detailed letter written by the student describing the reason for the appeal must be submitted along with the additional required documents indicated in the chart below. Use the chart below to indicate the reason for your appeal:

Reason for Appeal	Required Documentation
Clerkships <ul style="list-style-type: none"> <input type="checkbox"/> Must be a Burrell approved clerkship program <input type="checkbox"/> Clerkship adviser must be completed and approved 	Letter from the clerkship program of the full estimated cost-of-attendance <ul style="list-style-type: none"> <input type="checkbox"/> Must be an official letter on business letterhead
Expenses for students with disabilities <ul style="list-style-type: none"> <input type="checkbox"/> Can be considered if the student has those expense as a direct result of school attendance and the disability, and will not be paid by any other social service or healthcare agency 	Letter from your physician indicating the educational requirements of your disability. <ul style="list-style-type: none"> <input type="checkbox"/> Copies of all paid receipts
Daycare Expenses for Dependent Child under age 12 <ul style="list-style-type: none"> <input type="checkbox"/> This does not include private school tuition <input type="checkbox"/> If you are married, your spouse is expected to contribute one-half the costs. <input type="checkbox"/> May only be considered for periods of time during which a student is in class, studying, doing field work, participating in an internship, and/or community to and from school 	Documentation from care provider must provide the following: <ul style="list-style-type: none"> <input type="checkbox"/> Cost for each child per week or month <input type="checkbox"/> Enrollment start and end date <input type="checkbox"/> Weekly Schedule for each child <input type="checkbox"/> Amount paid by parent if part of the payment is subsidized from another source
Other education related expenses <ul style="list-style-type: none"> <input type="checkbox"/> If none of the listed conditions provided apply, please provide a written, signed statement of your extenuating circumstances 	<ul style="list-style-type: none"> <input type="checkbox"/> Provide a written, signed statement of extenuating circumstances <input type="checkbox"/> Provide documentation for your claim



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Due to the reason(s) indicated, I am requesting an increase of:

\$ _____

Please provide sufficient documentation to support your claim. The review of this form does not guarantee a change in your COA. If your COA is increased this will allow you to borrow more loan funds. Please note that you may have an additional credit check run prior to approval of the private loan.

Certification

By signing this form, I certify all the information and documentation provided by me or any other person on this form is true and complete to the best of my knowledge. If asked by an authorized University representative or other official, I agree to give proof of the information given on this form. I understand that if I do not give the proof when asked, I may be denied student aid.

Student Signature: _____ Date: _____

Printed Name: _____ Student ID: _____

Spouse Signature: _____ Date: _____

Spouse's Printed Name _____

RETURN COMPLETED FORM AND DOCUMENTATION TO:

Burrell Office of Financial Aid
3501 Arrowhead Dr, Suite 101
Las Cruces, NM 88001