

Student Financial Services

1 Gustave L. Levy Place • Annenberg Rm 12-80, Bx 1002 • NYC 10029-6574
Phone: (212) 241-5245 • Email: studentfinancialservices@mssm.edu

This form MUST be completed and returned to Student Financial Services. To consider this form, ALL sections must be completed.

SECTION I: STUDENT DATA:

Student Name: _____ Life No: _____

Class of: 20__ Year in Program: _____

Degree: __ MD __ PhD __ Master's _____

The federal government requires all colleges to set a Cost of Attendance (COA) for its students based on an academic term. COA includes standard educational expenses: tuition, fees, books, exams, health insurance, housing, and personal expenses. If you find that your educational-related expenses exceeds the standard budget, adjustments must be reasonable, supported by appropriate documentation and must have occurred while the student is in attendance at ISMMS. If approved, the budget increase would allow students to borrow additional loan funds, [subject to credit approval](#).

The following expenses CANNOT be appealed (not an exhaustive list):

Car/Rental/Parking/Gas/tolls	Deposits (related to Academic Travel)	Weddings
Cell Phone Device	Entertainment	Relocation Cost
Childbirth	Furniture	Student Loans
Conferences (even required ones)	Moving/Security	Pets
Credit Card Debt	Renters Insurance	Storage

SECTION II: EXPENSES

Type of Cost	Actual Cost	Eligibility/Documentation Requirement
Housing/Utilities (electric or gas)	\$	<ul style="list-style-type: none"> Copy of current lease Copies of current utility bill specifying your portion (If claiming this expense)
Medical Expenses (not covered by insurance)	\$	<ul style="list-style-type: none"> Bill from health provider of services and documentation from the insurance company of what will be covered by insurance. Receipts or bills for medication, optical, or dental expenses; the bill must indicate the 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	\$	Copy of invoice, receipts for payment to the services provider
Optional ISMMS Dental/Vision Insurance	\$	Copy of Student Account billing listing charges
Computer (one-time allowance per Degree)	\$	<ul style="list-style-type: none"> Invoice or documentation showing Receipt of computer purchase
Away Rotations	\$	<ul style="list-style-type: none"> Must attach the confirmation of participation Receipt for transportation and/or relevant expenses (required approval by FAO)
Other (special circumstance must be discussed w/the office before submitting this form)	\$	Provide itemization and documentation of all expenses.
Total	\$	



Icahn School
of Medicine at
Mount
Sinai

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SECTION III: CERTIFICATION

I certify that the expenses listed here are true and accurate, and I understand that I must notify the Student Financial Services if my expenses decrease.

Signature _____ Date _____

Please return this form to the Office of Student Financial Services via email at studentfinancialservices@mssm.edu or drop the form off at our office.