

Away Rotation Budget Adjustment

Information & Instructions

Federal financial aid regulations give authority to use a “professional judgement” to adjust the cost of attendance on a case-by-case basis to allow for special circumstances.

A student may request an increase for reasonable expenses related to required and approved away designated clinical rotations. Approved budget increases will be processed in the Direct Unsubsidized or Graduate PLUS Loan. We cannot increase your Direct Loans beyond the federal annual limit for your class year. The Direct Graduate PLUS Loan requires a credit check for approval.

NOTE: This increase request is intended to be utilized by students seeking to match in competitive residency programs, only. Special circumstances will be considered on a case-by-case basis.

Allowed Away Rotation Expenses

- Reasonable economy round-trip travel (airfare or mileage, ground transportation)
- Reasonable costs of lodging. Refer to the link at the bottom of this form.

Expenses Not Allowed

- Meals (food allowance already provided in COA)
- Lodging that exceeds the GSA rates
- Travel or meals for spouse, child or anyone other than the student
- First class airfare
- Travel abroad

When to request an increase for away rotation expenses

Request a budget increase to add away rotation costs:

1. As **reimbursement** of expenses after away rotation expenses are paid, **OR**
2. As **an advance** to pay anticipated away rotation expenses (with special circumstances)

Requesting reimbursement after away rotation expenses are paid

Documents will be reviewed and the approved reimbursement amount will be processed as a loan increase per the signed authorization on the Away Rotation Budget Adjustment Request Form.

Requesting an advance for anticipated expenses

Documents will be reviewed and an expense amount approved. Fifty percent (50%) of the approved amount will be processed as a loan increase. The remaining 50% of the approved funding will be disbursed **or** adjusted **after** receipts for all expenses associated with interviews and travel have been submitted.

Disbursement/Adjustment Procedures

- If the total amount of the receipts matches the amount of the advance that was approved, the remaining 50% of funds will be disbursed.
- If the total amount of the receipts is less than the amount that was advanced, the difference will be subtracted from the remaining 50% not yet disbursed.
- If no receipts are submitted, a financial aid hold will be placed on your student tuition account. The hold will not be released until receipts are submitted.

Tools to assist with estimating expenses

<http://rotatingroom.com>

<https://www.airbnb.com/>

If staying in a hotel, the GSA per diem for city and state will be the maximum allowed: www.gsa.gov/perdiem

2019 Mileage Rates:

<https://www.irs.gov/newsroom/irs-issues-standard-mileage-rates-for-2019>

Away Rotation Budget Increase

Aid Year _____

Student's Name

Student ID #

Away Rotation

Phone Number

Instructions:

Complete this form only if you are a UAMS College of Medicine student enrolled in the final year of the MD program.

Notice: Submitting this budget adjustment request does not guarantee additional financial aid funding.

- Carefully read the Away Rotation Budget Increase Request Information and Instruction sheet.
- Away rotation expenses must be incurred during (not after) your current period of enrollment.
- You must submit detailed documentation to verify the expenses. **Documentation must clearly show the dollar amounts paid/to-be paid and dates of the expenses/bills.**
- **ATTACH** a copy of each document named in the following checklist.

Checklist of items to be attached:

Place a checkmark beside each document that you attach to this form.

- Reason for Request:** Specialty Rotation _____ Other (explain) _____
- Submit official acceptance confirmation of your rotation site.
- Submit a letter from COM Associate Dean, indicating the nature of the student's program of study, the semester of enrollment for the away rotation and mention the away rotation will contribute to the granting of your degree and matching in a competitive program.
- Are you receiving a stipend or any assistance for this rotation? (*circle one*) **YES** or **NO** (*If yes, attach supporting documentation.*)
- Supporting documentation of costs (i.e., receipts for airfare, rental or housing, justification for driving vs. flying)
- Hospital Name and Address: _____

Authorization to Increase Federal Direct Unsubsidized Stafford or Graduate PLUS Loan:

This is a true and accurate reflection of my additional rotation expenses for the cost of attendance at the University of Arkansas for Medical Sciences, College of Medicine. I understand that I may be requested to provide additional information and documentation as necessary. The information provided above and the supportive documentation is true and accurate to the best of my knowledge. If a budget adjustment is approved, I authorize UAMS to process additional loan funds to the maximum amount possible.

Student's signature _____ Date _____

For SFA office use only

Reviewed by _____ & _____

Date: _____