General Information for Submission:
The Higher Education Act allows Financial Aid Administrators to address special circumstances utilizing Professional Judgment. Often, this process allows IUSM Student Financial Services to offer the ability to obtain additional student financial aid by adjusting a student’s Cost of Attendance as reimbursement for costs incurred. IUSM students may submit this form with supporting documentation to request a Professional Judgment related to special circumstances. Special circumstances are defined as and limited to:

- **Computer Purchase**: $3,000.00 reimbursement limit
- **Child Care Costs**: $226/week for 0-3yrs, $168/week for 4+yrs
- **Transportation Costs**: Lodging/Transportation for Away Rotations (4th Year)
- **Global Health Travel Grant**: Prior approval to receive funding through GHTG Programs
- **Non-Resident Travel Home**: Allocation to travel home max twice per Academic Year

To avoid processing delays: **DO NOT SUBMIT RESERVATIONS OR ITINERARIES**
Organize receipts in chronological order prior to submitting. If submitting by hand/mail, **DO NOT STAPLE**.

Should you become eligible for additional financial aid as a result of this appeal, you will be notified of the amount, via the Graduate PLUS loan application (if applicable) or how much was processed through the Direct Stafford Loan. You will receive notification of processing from the Office of Student Financial Services within 2-3 business days.

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**— PART I: Applicant Information —**

Student Name:  ___________________________ University ID:  ___________________________

University E-mail: ___________________________

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**— PART II: Supporting Documentation —**

- **Computer Purchase** during the 2019 Summer Term (Include Purchase Receipt listing type of payment with dates):

  Total cost of computer purchase: ___________________________

- **Child Care Costs** during 2019 Summer Term (Include invoice from provider or Payment Receipt with dates. A signed statement from daycare with future payments is also acceptable):

  Name(s) & Age(s) of Dependent(s): ___________________________
  Total cost of care: ___________________________

- **Transportation Costs** for MS4 students completing an Away Rotation (Include Payment Receipts listing Lodging and Transportation Costs with dates.

  *Driving your personal vehicle: Include documentation (Google Maps) verifying round-trip distance - Set @ 54.5 cents/mile):

  Total cost of transportation: ___________________________

  *OR: Non-Resident student transportation home (MAX twice per Academic Year). Include verifying documentation:

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**— PART III: Affirmation Statement (Sign & Date) —**

My signature below indicates information on this form and supporting documentation submitted are true and accurate to the best of my knowledge. I authorize the IUSM Office of Student Financial Services to verify this information. I understand that providing false information can result in the cancellation or repayment of financial aid.

Student Signature and Date: ___________________________