

Away Rotation Budget Adjustment

Senior College of Medicine or Pharmacy

Information & Instructions

AVAILABLE FOR M4 & P4'S ONLY; MUST BE APPROVED AND ENROLLED IN THE ROTATION

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. The Direct Graduate PLUS Loan requires a credit check for approval.

NOTE: This increase request is intended to be utilized by M4 COM students seeking to match in competitive residency program or P4 COP students required to complete an away rotation. 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; **must be the most cost efficient option- supporting documentation must be provided**)
- Reasonable costs of lodging. Not to exceed GSA rates. Refer to the link at the bottom of this form.

Expenses Not Allowed

- Meals (food allowance already provided in COA)
- Gas or Vehicle Repairs or elective rental fees required (ex. loss damage waiver)
- Lodging that exceeds the GSA rates
- Travel or meals for spouse, child or anyone other than the student
- First class airfare

When to request an increase for away rotation expenses

You are at your cost of attendance and need additional funds. Request a budget increase to add away rotation costs, as **reimbursement** of expenses after away rotation expenses are paid.

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

Disbursement/Adjustment Procedures

Disbursement will be made in one installment for the term in which the expenses were incurred.

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

2022 Mileage Rates: <https://www.irs.gov/newsroom/irs-issues-standard-mileage-rates-for-2022>

Away Rotation Budget Increase

Aid Year _____

Student's Name

Student ID #

Away Rotation & Dates

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 or a UAMS College of Pharmacy student enrolled in the final year of the Pharm D 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 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.
- ☐ COM Students: 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 financial 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)
- ☐ Dates and location of rotation: _____

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. 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: _____