

Away Rotation COA Adjustment Request

Information & Instructions

This form is primarily for P4 and M4 students required to complete away rotations to meet graduation requirements and/or match in a competitive residency program. The M4 COA includes \$1,000 for an away rotation. Therefore, any M4 increase request must exceed the amount already provided.

Special circumstances may be considered, on a case-by-case basis, for students in other graduate degree programs that require an away rotation. The away rotation must be **required** and approved; if a local option is available then your request must be denied; supporting documentation is required.

Federal student aid regulations give authority to financial aid administrators to use professional judgment 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.

Allowed Away Rotation Expenses

- Reasonable economy round-trip travel (airfare or mileage, ground transportation; must be the most cost-efficient option-you are responsible for providing the supporting documentation (airfare vs mileage)
- Reasonable costs of lodging. Not to exceed GSA rates. Refer to the link at the bottom of this form.
- Required away rotation fees.

Expenses Not Allowed

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

An away rotation increase request only needs to be submitted if you are already at your cost of attendance and are needing additional funds as reimbursement of expenses after away rotation expenses have been paid.

If approved, 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

Rotating Room: <https://rotatingroom.com/>

GSA Rates: <https://www.gsa.gov/travel/plan-book/per-diem-rates>

2025 Mileage Rates: [IRS increases the standard mileage rate for business use in 2025; key rate increases 3 cents to 70 cents per mile | Internal Revenue Service](#)

Away Rotation Budget Increase

Academic Year _____



UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES

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 and required to complete an away rotation that is not local. Other degree programs will be considered if all the requirements are met.

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

- 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 _____
- Submit official acceptance confirmation of your rotation site.
- Submit a letter from the Dean or Associate Dean, indicating the nature of the student's program of study, the semester of enrollment for the away rotation and that the away rotation is required and will contribute to the granting of your degree and/or 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)
Lodging \$ _____ Airfare or Mileage \$ _____ Fees \$ _____ Total Requested _____

Authorization to Increase Federal Direct Unsubsidized 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: _____

Loan/Amount/Term Processed: _____