

	2023-2024 Physical Therapy Con	ference Cost Appeal Form
;	Student Name:	Student ID:
1 i	You may use this appeal form to request an increase to your cost of attendance to account for expenses related to your Physical Therapy Conference. Submitting this appeal does not does not guarantee an increase to your cost of attendance. Any increase may result in additional loan eligibility only. Student cost of attendance parameters set by the state of Colorado may limit specific requests based on financial aid regulations.	
]	Beginning date of Conference (mm/dd/yyyy):	Ending date (mm/dd/yyyy):
]	Location:	
	TRANSPORTATION	
	Must provide the following:	
,	• Roundtrip airfare receipt of purchase OR	
	 Googlemaps documentation of roundtrip miles. rate to calculate any increase 	We will use the current federal standard mileage
	CONFERENCE HOUSING/HOTEL Must provide the following:	
	Hotel, motel, Airbnb/VRBO reservation receipt	
	OTHER EXPENSES	
	Must provide documentation of other costs such as:	
	Conference RegistrationFees	
	CERTIFICATION STA	TEMENT
	I CERTIFY THE SUBMITTED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE READ EACH SECTION AND HAVE PROVIDED THE REQUIRED DOCUMENTATION. I UNDERSTAND THAT UNDERESTIMATING OR INACCURATELY PROJECTING EXPENSES COULD RESULT IN THE OFFICE OF FINANCIAL AID NOT PROCESSING THE APPEAL. STUDENT SIGNATURE (required) DATE	
	STUDENT SIGNATURE (required)	DATE