

2009-2010 Appeal for Additional Aid for Expenses – Physical Therapy Rotation

This appeal form should be submitted to the Financial Aid office by April 4, 2010, if you need additional financial aid for your required physical therapy rotation. The accuracy of the information provided on the appeal must be verified before any adjustments are considered. Please allow three weeks for review. Student expense parameters set by the State of Colorado may override specific requests based on financial aid regulations.

Student Name _____ Student ID # _____

I request an adjustment in expenses and aid due to a required rotation. Documentation of expenses is attached.

Beginning date of rotation: ____/____/____ Date scheduled to leave Denver: ____/____/____

Ending date of rotation: ____/____/____ Date scheduled to return to Denver: ____/____/____

Location of rotation: _____

ESTIMATED ADDITIONAL EXPENSES

Transportation:

Estimated roundtrip airfare: \$_____ OR Estimated roundtrip number of miles: _____

Estimated Housing Expenses in Denver Area:

- I do NOT plan to keep my house/room in Denver during this time
- I DO plan to keep my house/room in Denver. Monthly expense: \$_____ rent/mortgage and utilities.

Estimated Rent Expenses in Rotation Area:

- I WILL incur rent expenses in the rotation area. Estimated monthly rent/utilities expense is: \$_____
- I will NOT incur rent expenses in the rotation area.

Estimated Other Expenses in rotation area that would NOT be incurred in Denver area:

- One-time expenses estimated: \$_____ for (please explain in detail):

- Extra expenses for mileage. Distance round trip between temporary housing and rotation site:
___ Miles times ___ number of trips per week, equals total miles per week, times 4 equals monthly miles _____
- Other monthly expenses: \$_____ for (please explain in detail):

(Please attach explanations if more space is required.)

Certification:

I understand that the accuracy of information provided must be verified. I certify that the information on this form is true, accurate, and complete to the best of my knowledge. If asked, I agree to provide proof of the information provided on this form.

Student's Signature

Date