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## 2020-2021 Pharmacy Clinical Experience Cost Appeal Form

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

You may use this appeal form to request an increase to your cost of attendance to account for expenses related to your Pharmacy Clinical Experience(s). **You must submit a separate form for each Clinical Experience.** Submitting this appeal 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 Clinical Experience** (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. We will use the current federal standard mileage rate to calculate mileage cost

**RENT EXPENSES FOR CLINICAL EXPERIENCE**

 **Must provide the following:**

- Housing Arrangement, hotel, motel, Airbnb/VRBO reservation invoice for time-period of Clinical Experience

Will you continue to pay rent/mortgage on your place of residence in Denver while away for your Clinical Experience?

Yes  No

- **IF YES:** provide current signed lease/monthly mortgage statement

**OTHER EXPENSES**

 **Must provide documentation of other costs such as:**

- Onboarding expenses

- Additional background check
- Required fees
- Required vaccinations
- Passport/Visa expenses

**CERTIFICATION STATEMENT**

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**

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