CUNY
School of Medicine

Financial Aid Office

2016 - 2017 EXPENSE APPEAL FORM

Student name: _____ SSN: _____ - _____ - _____
(Print) Last First M.

I. Private/parochial school tuition

1. Will anyone in your household be enrolled in Grade K-12 at a private or parochial school during the 2016-17 school year? Yes ❒ No ❒

   If "Yes": indicate child's name: _____

   Child's relationship to you: _____

   Name of school attended and grade: _____ _____
   Name of school Grade

2. Year child first attended? _____

3. 2015-16 tuition: $ _____

Documentation required: You must document the tuition paid for 2015-16. Allowable documents include: a statement from the school on letterhead confirming the amount paid; copies of canceled checks. If the above-mentioned child will be attending this school for the first time in 2016-17 the school's statement of 2016-17 charges will be accepted.

II. Medical/Dental Expenses

1. What was the total amount paid for medical/dental care in 2015 that was not covered by health insurance? $_____

Documentation required: You must document your 2015 medical/dental expenses. Allowable documents include: "Schedule A", (showing an amount on line 1), of your 2015 tax return (1040), copies of paid bills (dated) or canceled checks, invoice(s) from doctor/dentist or statements from insurance companies.

III. Signature and date

_____ _____
Parent/Student Signature Date

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❒ Approved ❒ Denied Counselor Initials _____ Date _____

I. Tuition Exp. Adj.: $ _____(36/85)
(Subtract expense from AGI or if 1st yr. add exp. to COA)

II. Med./Dent. Exp. Adj.: $ _____(36/85)
(Reduce AGI by amount of expense >11% of IPA*)

* See 2016-17 IPA chart .

Updated - 1/21/16