

**BURRELL COLLEGE
OF OSTEOPATHIC MEDICINE
POLICY MANUAL**

SECTION: Financial Aid

BCOM Policy 9111

TOPIC: Cost of Attendance

Approval Date: 6/15/17

Effective Date: 7/1/17

Approved: *Signature on File*

Page 1 of 2

PURPOSE

The U.S. Department of Education directs the Institution to determine costs associated with attending Burrell College of Osteopathic Medicine (BCOM), in order to determine the amount of financial aid for which a student may be eligible. The cost of attendance estimates a student's educational expenses for a period of academic enrollment.

SCOPE

Applies to BCOM Students

RESPONSIBLE OFFICIAL(S):

The Responsible Policy Official(s) for this policy is the Director of Financial Aid

POLICY

The U.S. Department of Education allows certain educational expenses to be used when determining a school's Cost of Attendance (COA). A school has the discretion to determine which costs will be used to determine the COA. BCOM COA will be reviewed and updated annually and reflects an enrollment period of nine months. The boldface list below includes acceptable educational expenses when determining the COA. BCOM uses data from national publications and performs region-specific and peer institutional research, surveys, and other reliable sources to develop the cost of attendance component values, which are reviewed and approved by the Board at BCOM. BCOM designates a student COA through budget assignment in the institutional student information systems (CAMS) when a student is eligible for estimated financial assistance. Student budgets are reviewed and reconciled on an annual basis. These values, in accordance with federal regulations, are designed to cover the basic cost of your education at BCOM, at an average standard of living, and may not cover additional personal costs:

Tuition is approved annually by the BCOM Board of Directors. All BCOM students will be assessed tuition based on their full-time enrollment at the medical school.

Required Student Fees The BCOM student fees support programs that include, but not limited to, student government, information technology, campus transit, and other sponsored activities. Payment of these fees for enrolled students is mandatory and allows the use of the campus facilities, attendance at events, and special discounts. The student fees are reviewed and accepted annually by the BCOM Board of Directors.

Required Supplies are the cost of a fully-loaded computer with e-books, e-materials, self-directed test prep systems, computer programs, and computer hardware for 4 years (e.g. Kaplan and Firecracker)

Room and Board (housing, meals, etc.) these costs include such expenses as housing, meals, etc. - is an allowance amount based on incidentals accrued during an academic year.

- For students who live in housing located on a military base or for which a basic allowance is provided under section 403(b) of title 37, United States Code, shall be an allowance based on the expenses reasonably incurred by such students for board but not for room

Personal Expenses, Transportation and Additional Supplies These costs represent an allowance amount includes but not limited to, local transportation, clothing, personal items, laundry, household purchase, medical co-pays and prescriptions. We provide this estimate for personal planning purposes only; it does not represent a direct cost of attending the university.

Cost of Attendance Adjustments: Requests will be reviewed on a case-by-case basis and are subject to the approval by the Director of Financial Aid. Circumstances may exist that qualifies a student for a COA adjustment through the use of professional judgment (refer to PJ policy, I:\Financial Aid\Policy and Procedures\PJ P&P).

Restrictions Expenses Not Covered BCOM in compliance with federal regulations must only include education related expenses. Examples of costs that will not be included in the budget are:

- Spousal expenses.
- Moving or relocation expenses.
- Vehicle purchase or lease.
- Consumer debt, such as monthly credit card, vehicle, or student loan payments.

Periods of Non-Enrollment student loans are not available to cover expenses incurred during vacations or summer breaks. They may be borrowed during eligible periods of enrollment only. There are no exceptions to this rule.

BCOM Office of Financial Aid will not use funds to pay overtime charges for a student who fail to complete his or her academic program within the normal time frame, and for which tuition and fees are normally assessed to all students attempting the same academic workload.



Cost-of-Attendance Increase Request

The Cost of Attendance (COA) is an estimate of the student's educational expenses for the academic year for which a student is enrolled. The COA is used to determine the amount of financial aid a student can receive during the period of enrollment. The COA is determined within the federal guidelines and consists of actual tuition and fees, estimated living allowance, travel and other personal expenses.

Additional educational expenses may be considered in adjusting the COA that may not have been included in the standard COA determination. A student can submit an appeal for the nine-month academic year if they feel that their actual COA is higher than estimated COA.

A signed, detailed letter written by the student describing the reason for the appeal must be submitted along with the additional required documents indicated in the chart below. Use the chart below to indicate the reason for your appeal:

Reason for Appeal	Required Documentation
Clerkships <ul style="list-style-type: none"> <input type="checkbox"/> Must be a BCOM approved clerkship program <input type="checkbox"/> Clerkship advisor must be completed and approved 	Letter from the clerkship program of the full estimated cost of attendance. <ul style="list-style-type: none"> <input type="checkbox"/> Must be an official letter on business letterhead
Expenses for students with disabilities <ul style="list-style-type: none"> <input type="checkbox"/> Can be considered if the student has those expense as a direct result of school attendance and the disability, and will not be paid by any other social service or healthcare agency 	Letter from your physician indicating the educational requirements of your disability <ul style="list-style-type: none"> <input type="checkbox"/> Copies of all paid receipts
Daycare Expenses for Dependent Child under age 12 <ul style="list-style-type: none"> <input type="checkbox"/> This does not include private school tuition <input type="checkbox"/> If you are married, your spouse is expected to contribute one-half the costs. 	Documentation from care provider must provide the following: <ul style="list-style-type: none"> <input type="checkbox"/> Cost for each child per week or month <input type="checkbox"/> Enrollment start and end date <input type="checkbox"/> Weekly Schedule for each child <input type="checkbox"/> Amount paid by parent if part of the
Other education related expenses <ul style="list-style-type: none"> <input type="checkbox"/> If none of the listed conditions provided apply, please provide a written, signed statement of your extenuating circumstances 	<ul style="list-style-type: none"> <input type="checkbox"/> Provide a written, signed statement of extenuating circumstances <input type="checkbox"/> Provide documentation for your claim



Due to the reason(s) indicated, I am requesting an increase of:

\$ _____

Please provide sufficient documentation to support your claim. The review of this form does not guarantee a change in your COA. If your COA is increased this will allow you to borrow more loan funds. Please note that you may have an additional credit check run prior to approval of the private loan.

Certification

By signing this form, I certify all the information and documentation provided by me or any other person on this form is true and complete to the best of my knowledge. If asked by an authorized University representative or other official, I agree to give proof of the information given on this form. I understand that if I do not give the proof when asked, I may be denied student aid.

Student Signature: _____

Date: _____

Spouse Signature: _____

Date: _____

**RETURN COMPLETED FORM AND DOCUMENTATION TO:
BCOM Office of Financial Aid, 3501 Arrowhead Drive, Suite,
Las Cruces, NM 88001**