

The Office of Student Financial Aid may be able to provide financial assistance to help with the costs associated with an approved board review course. Each adjustment is reviewed on a case-by-case basis. Financial assistance for board review courses will only be granted if the School of Medicine is recommending the student enroll in that program. **Documentation showing course costs and dates of program should accompany this request.**

Financial Assistance may be given to cover the cost of the course, KUMC charges, and living expenses for the length of time the student will be engaged in academic activity. Aid cannot be released more than 10 days prior to the first day of this activity.

To protect your information, we ask that all documentation be sent confidentially using your KUMC.EDU email address. To send a secure email, place a [secure] at the beginning of the subject line in your email. More information can be found at this site:

<https://kumed.sharepoint.com/sites/mykumc/ir/Pages/Secure-Email.aspx>

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

Name of Program: \_\_\_\_\_

Address of Program: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Program Contact Name: \_\_\_\_\_

Phone Number for Program Contact: \_\_\_\_\_

Location of Program: \_\_\_\_\_

Start Date of Program: \_\_\_\_\_ End Date of Program: \_\_\_\_\_

Cost of Tuition: \_\_\_\_\_ Cost of Housing: \_\_\_\_\_

In order to process financial aid for the student, KU Med must enter into a contractual agreement with the program providing the board review instruction to ensure only KU Med is providing financial aid for this course. Do you authorize us to contact the above program provider to determine your eligibility for federal financial aid? Yes No

\_\_\_\_\_  
**Student Signature** **Date**

**SCHOOL OF MEDICINE CERTIFICATION:**

The above-mentioned student is required to take a Board Review course as part of the student's curriculum.

Will the student be enrolled in additional KUMC coursework for the semester in which the Board Review course will be taken?

Yes No If yes, what months? \_\_\_\_\_

\_\_\_\_\_  
**School of Medicine Signature** **Date**

**Department Use Only:**

Course Cost \_\_\_\_\_ KUMC Charges \_\_\_\_\_ Living (# Months \_\_\_\_ X Monthly Allowance \_\_\_\_ = \_\_\_\_\_) **TOTAL \$** \_\_\_\_\_

Budget Maint. \_\_\_\_\_ Award Entry \_\_\_\_\_ Comment \_\_\_\_\_ Email \_\_\_\_\_ Initials \_\_\_\_\_

**Office of Student Financial Aid**