

UNIVERSITY OF ILLINOIS AT CHICAGO – Office of Student Financial Aid

College of Medicine: 808 S. Wood Street, M/C 782 -- Chicago, Illinois 60612-7301 -- Phone: (312) 413-0127

2024-2025 Request for Budget Adjustment- Medical Expenses

Section A – Student Information (Please print clearly)

Last Name	First Name	M.I.	Email	
Street Address	City	State	Zip Code	

If you feel the amounts in your Cost of Attendance (COA) listed on your Financial Aid Notification do not accurately reflect your current situation, you may be eligible to re-evaluate your COA. If your financial aid eligibility changes upon review of the documentation submitted, you will be notified accordingly. In addition, any aid adjustments may be divided equally between Fall and Spring terms.

Section B – Medical Expenses

Students with unusually high medical expenses during the 2024-25 academic year may have their budget increased. Only procedures deemed medically necessary by a physician and not covered by insurance will be considered.

*Note: The COM OSFA assumes 25% of the 'Personal Expenses' budget component (\$3,600 for Fall/ Spring, \$1,200 for Summer) can be for medical expenses. An appeal is only considered if expenses exceed \$900 for Fall/ Spring and \$300 for Summer.

Documentation required:

1. Letter from a physician indicating that treatment is medically necessary.
2. Copies of paid receipts. Explanation of insurance benefits showing amounts paid.
 - **Annual increase capped amount is \$9,000**
 - **Bank statements submitted as proof of purchase must include the student's name and corresponding debit/credit card number(s).**

If all proper documentation is not submitted, your file will not be reviewed. The medical care must occur during the 2024-25 academic year (August 2024 - April 2025 for Fall/ Spring, May 2025 – July 2025 for Summer).

Deadline Dates for 2024-25 Budget Adjustment Appeals:

Fall Term: November 8, 2024 Spring Term: April 11, 2025 Summer Term: July 5, 2025

Section C – Statement of Certification

I certify that the information provided on this form and any attachments is true and correct. **A signature must be wet or electronic.**

Student Signature: _____ Date: _____

ENTER YOUR 9-DIGIT UIN 

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