IUSM Professional Judgment Appeal: 2011-2012 Academic Year

General Information for Submitting a Professional Judgment Appeal: An IUSM student may submit this form along with supporting documentation to request professional judgment related to special circumstances that may qualify for the 2011-2012 Academic Year.

December 2011 Special Circumstance: Acceptable Interview Expenses by Month

- Hotel lodging receipts showing payment
- Airline receipts showing payment
- Car rental receipts showing payment
- If driving student’s own car, then printout of mileage from point A to point B (will be adjusted at the rate of 51¢/mile)

Submission: Student must supply list of programs and dates along with receipts. Receipts must be affixed to regular-sized paper (8 1/2 x 11) in chronological order.

Please submit this application and supporting documentation (receipts) to the MSA Financial Aid office to determine if you are eligible for a professional judgment adjustment. You will receive an email notification at your IUPUI email address of the decision within 10 to 15 business days.

Applicant Information

Student Name: __________________________________________ University ID: ______________________________
IUPUI Email Address: __________________________________________________ (10 Digits)

Interview Expense for DECEMBER 2011

Interview Month: [ ] Total interview expenditures this month: [ ]

*Interview Date 1: [ ] Program (hospital, city, state):
   Lodging total: [ ] Flight total: [ ] Car rental total: [ ] OR miles driven: [ ]

*Interview Date 2: [ ] Program (hospital, city, state):
   Lodging total: [ ] Flight total: [ ] Car rental total: [ ] OR miles driven: [ ]

*Interview Date 3: [ ] Program (hospital, city, state):
   Lodging total: [ ] Flight total: [ ] Car rental total: [ ] OR miles driven: [ ]

*Interview Date 4: [ ] Program (hospital, city, state):
   Lodging total: [ ] Flight total: [ ] Car rental total: [ ] OR miles driven: [ ]

Affirmation Statement (Sign & Date)

My signature below indicates that information on this form and the supporting documentation that is submitted are true and accurate to the best of my knowledge. I authorize the IUSM Financial Aid Office to verify this information. I understand that providing false information can result in the cancellation or repayment of financial aid.

Signature of Student and Date: ____________________________________________

Medical Student Affairs-Student Financial Services•635 Barnhill Drive, MS 119•Indianapolis, IN 46202
Phone: 317-274-8568•FAX: 317-278-2691•or email completed form to mittus@iupui.edu or infox@iupui.edu
### General Information for Submitting a Professional Judgment Appeal:

An IUSM student may submit this form along with supporting documentation to request professional judgment related to interview expenses that qualify for the 2011-2012 Academic Year.

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### DECEMBER 2011 Interview Expenses p. 2

<table>
<thead>
<tr>
<th>Interview Date</th>
<th>Program (hospital, city, state)</th>
<th>Lodging total</th>
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**Special Notes:**