

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	◆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)
	◆Car rental receipts showing payment	

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:

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Student Name: _____ University ID: _____
(10 Digits)

◆ **Interview Date 5:** Program (hospital, city, state):

Lodging total: Flight total: Car rental total: OR miles driven:

◆ **Interview Date 6:** Program (hospital, city, state):

Lodging total: Flight total: Car rental total: OR miles driven:

◆ **Interview Date 7:** Program (hospital, city, state):

Lodging total: Flight total: Car rental total: OR miles driven:

◆ **Interview Date 8:** Program (hospital, city, state):

Lodging total: Flight total: Car rental total: OR miles driven:

◆ **Interview Date 9:** Program (hospital, city, state):

Lodging total: Flight total: Car rental total: OR miles driven:

◆ **Interview Date 10:** Program (hospital, city, state):

Lodging total: Flight total: Car rental total: OR miles driven:

◆ **Interview Date 11:** Program (hospital, city, state):

Lodging total: Flight total: Car rental total: OR miles driven:

◆ **Interview Date 12:** Program (hospital, city, state):

Lodging total: Flight total: Car rental total: OR miles driven:

◆ **Special Notes:**