



## IUSM Professional Judgment Appeal Form: 2015-2016 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 appeal to the Cost of Attendance (COA) related to residency interviewing for the 2015-2016 Academic Year. This form is used to justify increasing your COA making it possible to borrow additionally to cover these type of school-related expenses.

### February 2016 Interview Expense Acceptable Documentation

♦Hotel lodging receipts showing payment date and type of payment

♦Airline receipts showing payment date and type of payment ♦Car rental receipts showing payment date and type of payment along with any gas receipts.

♦Driving your own car - printout of Google maps mileage from point A to point B (will use the rate of 56.5¢ per mile in the COA Adjustment). Gas receipts will not be accepted.

**Submission:** Student must supply this form with a list of programs and dates along with receipts. **TO AVOID PROCESSING DELAYS, PLEASE ORGANIZE YOUR RECEIPTS IN CHRONOLOGICAL ORDER PRIOR TO SUBMITTING and DO NOT STAPLE.**

Please submit this form and supporting documentation to the Office of Student Financial Services for processing. You will receive an IUSM email notification of the processing actions taken within 2 to 3 business days.

### Applicant Information

Student Name: \_\_\_\_\_ University ID: \_\_\_\_\_000 \_\_\_\_\_

IUPUI Email Address: \_\_\_\_\_ (10 Digits)

### Interview Expense for FEBRUARY 2016

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:

Office of Student Financial Services  
1130 West Michigan Street, Fesler Hall 224  
Indianapolis, IN 46202

Email completed form to Justin Zieman @ [jnzieman@iu.edu](mailto:jnzieman@iu.edu) or Kim Sandrick @ [ksandric@iu.edu](mailto:ksandric@iu.edu)

## IUSM Professional Judgment Appeal: 2015-2016 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 interview expenses that qualify for the 2015-2016 Academic Year.

### February 2016 Interview Expenses page 2

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:**