School of Dentistry's Dental Residency Training Expense /Licensure Exam/ Application for Residency Program
Cost of Attendance Increase

Office of Financial Aid and Scholarship Management
Meharry Medical College
1005 Dr. D. B. Todd Blvd.
LRC Building, Suite 609
Nashville, TN 37208
Phone (615) 327-6826

The Office of Financial Aid and Scholarship Management (OFASM) has established a mechanism that will allow a cost of attendance increase for fourth (4th) year dental students who will incur additional travel expenses associated with dental residency training program interviews, or application fees associated with residency training. This request is a one-time increase. Form and supporting documentation must be submitted to the Office of Financial Aid and Scholarship Management.

PARTIALLY COMPLETED FORMS WILL NOT ACCEPTED

Section A: *(please print)*

_____
Last Name First Name M.I.

_____/_____/_____/_____
(Present Mailing Address) Street City State Zip

( ) _____ ( ) _____
Mobile Telephone Home Telephone

Indicate amount of increase (up to $3,000: one disbursement): _____

Purpose for request: *(Attach confirmation documents for request)*

Dental residency training expenses *(indicate residency training site(s), location, interview date)*

_____

_____

_____

Dental Licensure exam(s) *(indicate State, Regional Exam, registration deadline, exam date)*

_____

_____

_____

Application(s) for Residency Program *include program training site(s), location (s), interview date(s)*

_____

_____

_____

Section B: *(To be completed by your schools' Academic Dean or Clinical Dean after Section A has been completed.)*

This student is pursuing a cost of attendance increase (based on purpose of request) through the Office of Financial Aid and Scholarship Management. Please verify the following (check all that apply):

_____ Student has applied to the _____ specialty program(s) and

will interview on _____
Date (s)

_____ Student listed above must register for the _____

Registration deadline: _____

Exam Date: _____

_____
Academic Advisor's Signature **Date**

_____
Academic Advisor's Name *(please print)* **Telephone Number**

Section C:

I certify that the information given on this form is true and accurate.

_____
Student's Signature **Date**