



OREGON COLLEGE of ORIENTAL MEDICINE

ocom.edu | 75 NW Couch Street, Portland, OR 97209 | Office of Financial Aid: 503-253-3443 x108

DAOM Selective/Capstone Request 2020-2021

The student **Cost of Attendance (COA)** is developed in accordance with federal guidelines to allow for standard education-related expenses incurred by most students. The college understands that some students may have expenses that are higher than the standard COA. This DAOM Selective/Capstone Funding Request does not guarantee an increase to the standard student COA.

You are encouraged to speak with the Office of Financial Aid about your unique circumstances prior to incurring any expenses related to selectives or your Capstone. Please contact the Dean of Postgraduate Studies about the possibility of incorporating Capstone activities into your selectives or requesting funds for Capstone activities.

By completing and signing this form, you understand that:

- You must attach required documentation related to this request.
- \$500 per selective is already provided by OCOM as an honorarium.
- You must submit a completed and signed loan increase request form with this request.
- This form will be reviewed by the Office of Financial Aid on a case-by-case basis.
- You will be notified via email of the approval or denial of this request and that you may be contacted to provide any additional information related to this DAOM Selective/Capstone Funding Request.
- **The limit for all three of your selectives and Capstone cannot exceed \$15,000 for your entire program.**
- **All selectives and your Capstone must be approved by the Dean of Postgraduate Studies.**
- **You must submit this form for each of the three required selectives and Capstone, as applicable.**
- **You will notify the Office of Financial Aid and the Dean of Postgraduate Studies if you do not complete the selective or Capstone for which you received funding. Funding approved may only be applied to this selective/Capstone request. Failure to do so may require you to return the funds.**

Selective/Capstone Name	Amount Requested*	This is my: (Check one)
	\$	<input type="checkbox"/> First of three selectives <input type="checkbox"/> Second of three selectives <input type="checkbox"/> Third of three selectives <input type="checkbox"/> Capstone activity

**Please use the back page to outline your expenses with as much detail as possible.*

My signature (below) **confirms that:** 1) all information reported is complete and accurate at this time, and 2) I have attached all required documentation related to this request.

Student's Name (Please print) _____

Student Signature _____ Date _____

Selective/Capstone Expenses

Include costs, dates, and other details. All information must be accompanied by receipts or invoices.

Direct cost of Selective/Capstone (e.g. tuition, module) _____

Airfare _____

Car rental or other modes of transportation _____

Hotel, AirBnb/VRBO, or other lodging _____

Other _____

Office use only	Adjustment made: \$ _____	Date _____
Comments _____	Approved by _____	