

Data Collection Worksheet Form

* required field

School
Cornell University - Weill Cornell Medical College

Discipline
Allopathic Physician

Degree
MD

Thank you for creating a DCW! The form can be completed in 4 easy steps. For any questions on filling out this information please contact NHSC SP at nhscsp@hrsa.gov.

1. TUITION

Enter the Resident (In-State) and Non-resident (Out-of-State) tuition for the 2017-2018 (July 1 to June 30) school year for 1st, 2nd, 3rd, and 4th Year Students. If your school's degree program is less than 4 years, only enter amounts for each year of your program. For example, two year programs would only enter values in the first two columns for 1st and 2nd Year Students. You MUST enter values for every year of your program, even if your costs are estimated to be the same for students regardless of which year they are in the program.

| | 1st Year Student | 2nd Year Student | 3rd Year Student | 4th Year Student |
|----------------|------------------|------------------|------------------|------------------|
| Resident * | \$0 | \$0 | \$0 | \$0 |
| Non-Resident * | \$0 | \$0 | \$0 | \$0 |

2. SCHOOL INCURRED FEES

Review and enter amounts for the list of items grouped under School Incurred Fees. These fees are incurred by the school as part of the tuition and required fees. The NHSC SP would expect items defined as Fees to be included in the tuition invoice submitted by the school and reimbursed by NHSC SP directly to the school.

| | 1st Year Student | 2nd Year Student | 3rd Year Student | 4th Year Student |
|---|------------------|------------------|------------------|------------------|
| Surcharge (when added by the school to the tuition) | \$0 | \$0 | \$0 | \$0 |
| Education Fees | \$0 | \$0 | \$0 | \$0 |
| University Fees | \$0 | \$0 | \$0 | \$0 |
| Administrative Fees | \$0 | \$0 | \$0 | \$0 |
| Matriculation Fees | \$0 | \$0 | \$0 | \$0 |
| Curriculum Fees | \$0 | \$0 | \$0 | \$0 |
| Academic Support Services Fee | \$0 | \$0 | \$0 | \$0 |
| Campus Transportation Fees | \$0 | \$0 | \$0 | \$0 |
| Health Services Fees and Immunizations | \$0 | \$0 | \$0 | \$0 |
| Student Activities Fee | \$0 | \$0 | \$0 | \$0 |
| Student Services Fee | \$0 | \$0 | \$0 | \$0 |
| Laboratory Fees | \$0 | \$0 | \$0 | \$0 |
| Building Use or Facility Fee | \$0 | \$0 | \$0 | \$0 |
| Technology Fee | \$0 | \$0 | \$0 | \$0 |
| Computer Lab Fee | \$0 | \$0 | \$0 | \$0 |
| Recreation Fee | \$0 | \$0 | \$0 | \$0 |
| Processing Fee | \$0 | \$0 | \$0 | \$0 |
| Campus Life Fee | | | | \$0 |

| | | | | |
|---------------------------|-----|-----|-----|-----|
| | \$0 | \$0 | \$0 | \$0 |
| Other Fees | \$0 | \$0 | \$0 | \$0 |
| Immunizations | \$0 | \$0 | \$0 | \$0 |
| Graduation fee | \$0 | \$0 | \$0 | \$0 |
| Professional fee | \$0 | \$0 | \$0 | \$0 |
| School ID Cards / ID Fees | \$0 | \$0 | \$0 | \$0 |

3. STUDENT EXPENSES

Review and enter amounts for the list of items grouped under Student Expenses. The Student Expenses or Other Reasonable Costs (ORC) amount is paid by the NHSC SP directly to the student to cover additional reasonable expenses incurred by the student that are not covered under the tuition and fees billed by the school. The NHSC SP will disburse a one-time Other Reasonable Cost (ORC) payment to the student when they receive their first monthly stipend.

| | 1st Year Student | 2nd Year Student | 3rd Year Student | 4th Year Student |
|------------------------------|------------------|------------------|------------------|------------------|
| Books | \$0 | \$0 | \$0 | \$0 |
| Uniforms | \$0 | \$0 | \$0 | \$0 |
| Clinical Supply Costs | \$0 | \$0 | \$0 | \$0 |
| Microscope | \$0 | \$0 | \$0 | \$0 |
| Instruments | \$0 | \$0 | \$0 | \$0 |
| National Boards | \$0 | \$0 | \$0 | \$0 |
| Computer/Software | \$0 | \$0 | \$0 | \$0 |
| CPR Certification Fee | \$0 | \$0 | \$0 | \$0 |
| Miscellaneous Cost | \$0 | \$0 | \$0 | \$0 |
| Clinical Rotation/Travel Fee | \$0 | \$0 | \$0 | \$0 |

4. INSURANCE

Review and enter amounts for the list of items grouped under Insurance. Insurance items may be incurred by the school as part of the tuition and required fees or incurred as an ORC by the Student. Please complete the form based on if the cost of insurance is incurred by the school or incurred by the student.

| | 1st Year Student | 2nd Year Student | 3rd Year Student | 4th Year Student |
|---|------------------|------------------|------------------|------------------|
| Health Insurance (school incurred) | \$0 | \$0 | \$0 | \$0 |
| Malpractice Insurance (school incurred) | \$0 | \$0 | \$0 | \$0 |
| Disability Insurance (school incurred) | \$0 | \$0 | \$0 | \$0 |
| Health Insurance (student incurred) | \$0 | \$0 | \$0 | \$0 |
| Disability Insurance (student incurred) | \$0 | \$0 | \$0 | \$0 |

Please explain any "other" fees in the comments section below.

approve this Data Collection Worksheet

New Comments

Cancel

Save