

Special Circumstance

Complete this form if you feel you have circumstances you wish to be taken into consideration. Indicate the reason for your request for professional judgment. **Requests without documentation will not be considered.**

Please Print **Personal Information**

Name: _____ Banner I.D. @ _____
Last First MI

Address: _____
Street/PO Box Apt#

City _____ State _____ Zip Code _____

Telephone: _____ E-mail Address: _____

Reason for Appeal

Check Applicable Category (For instructions and explanations on each category see reverse side.)

<input type="checkbox"/> Loss of income or change in source of income. (2016 income is lower than 2015): <input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Student's Spouse
<input type="checkbox"/> Excessive out-of-pocket medical and/or dental expenses not covered by insurance
<input type="checkbox"/> Parent enrolled in college
<input type="checkbox"/> Divorced or separated: <input type="checkbox"/> Parent <input type="checkbox"/> Student
<input type="checkbox"/> Death of parent or spouse
<input type="checkbox"/> Cost of attendance review
<input type="checkbox"/> Computer Purchase (submit 3 estimates or paid receipt)
<input type="checkbox"/> Vehicle repairs (submit 3 estimates or paid receipts). Must submit current vehicle registration form.
<input type="checkbox"/> Other extenuating circumstances - attach additional documentation

On a separate sheet of paper **please type** a statement explaining the circumstances that have led you to request a review of your financial aid. Keep in mind that you **must** include **all** sources of income. Please see reverse side of page for instructions and explanations.

Instructions and Explanations

- **Changes to income:** For verification purposes submit:
 - ▣ IRS Tax Return Transcripts (2015 and 2016)
 - ▣ W-2 information (2015 and 2016)
 - ▣ Financial Aid Verification Worksheet
- **Excessive medical expenses not covered by insurance:** Submit proof of actual medical/dental/optical payments made that were not reimbursed by insurance.
- **Parent enrolled in postsecondary school:** Submit a letter explaining the reason for your parent's enrollment in postsecondary school. Include a copy of your parent's schedule and a copy of the school's statement of charges. Parents must be enrolled at least half-time, degree-seeking, and not receiving an employer tuition reimbursement.
- **Divorce or separation:** Verification will be performed on current FAFSA information. Submit a copy of the divorce decree or legal separation documentation.
- **Death of parent or spouse:** Submit a copy of the death certificate or obituary notice and surviving parent's or student's expected current year income; may include survivor's benefits, life insurance, etc.

Note: We cannot consider consumer debt (e.g., auto loans, credit card payments) as a condition for professional judgment.

Please complete, sign and submit this form with the required documentation to the Office of Financial Aid and Scholarships. Allow 1-2 weeks for a response. A decision will be sent to you via the email provided on this form. Note: **All decisions are final.**

Certification

I (we) certify that the information on this form and the accompanying documentation is accurate and complete to the best of my (our) knowledge. If approved, I (we) understand that the necessary corrections will be made to the Free Application for Federal Student Aid (FAFSA).

Student's Signature: _____ Date: _____

Parent's Signature (if applicable): _____ Date: _____

Office Use Only:

FAFSA File: Complete Incomplete SAP: _____ COA: _____ EFC: _____

Dependency Status: Dependent Independent Approved Denied

Comments:

Authorized Signature _____ Date _____