



Office of Financial Aid

2019 - 2020
Special Circumstances
Request Form

Student Name: _____ Student ID: _____

SPECIAL CIRCUMSTANCE REQUEST DEADLINE: APRIL 1, 2020

Submit this form if you or your parent have had a significant reduction of income; or have had extraordinary expenses.

Please check the box that applies to your situation.

Form with four sections: LOSS OR CHANGE IN EMPLOYMENT, DIVORCE OR SEPARATION, LOST BENEFITS, and DEATH OF PARENT OR SPOUSE. Each section includes submission requirements and a list of supporting documents.

Certification

By signing below, I/we acknowledge and confirm that the above information is complete and correct. Purposely giving false or misleading information may result in federal fines, jail sentence, or both.

Student Signature _____ Date _____

Parent Signature _____ Print Parent Name _____

(if applicable)

FACSCR19