

**Student Information**

Name:	ID/SSN:
Phone:	Email:

**Parent Information**

Name:	Email:
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X	Reason for requested change (X all that apply)	Attach this required documentation:
	Loss of income due to lay off →	Last pay stub, unemployment forms, lay off notice
	Divorce/Separation of parent →	Final divorce decree/Legal separation Agreement
	Disability of student or parent →	Disability claim, SSI forms
	Death of parent →	Copy of Death Certificate
	One-time income (capital gains, etc.) →	Documentation supporting one-time income
	Other (Please explain in detail) →	Any supporting documentation

Please explain your special circumstance in detail-- attach additional sheets if necessary:

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Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please allow 3-4 weeks processing time. The deadline for submitting an appeal is November 1st for the fall term, April 1st for the spring term and June 1st for the summer.*

**Below this line is for Office Use Only:**

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Income	Actual 1/01/14 - Today	Estimated Today – 12/31/14	Total
Student's wages, salaries, tips (including severance pay, disability payments and other income from work)			
Father's wages, salaries, tips (including severance pay, disability payments and other income from work)			
Mother's wages, salaries, tips (including severance pay, disability payments and other income from work)			
Other taxable income (include unemployment benefits)			
Total anticipated for 2014			
Excessive Medical or Other Expenses in Relation to Adjusted Gross Income	2013 AGI	Total Expenses	Exp. = what % of AGI
Adjusted Gross Income, Medical Expenses and Percentage of Expenses to AGI			
Total Paid Medical or Other Expenses for 2013			

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