



## Student Information

Name:	ID/SSN:
Phone:	Email:

Х	Reason for requested change (X all that apply)	Attach this required documentation:		
	Loss of income due to lay off or termination $\rightarrow$	Last pay stub, unemployment forms, lay off notice		
	Divorce/Separation→	Final divorce decree/Legal separation Agreement		
	Disability of student or spouse $\rightarrow$	Disability claim, SSI forms		
	Death of spouse→	Copy of Death Certificate		
	One-time income (capital gains, etc.) $\rightarrow$	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:

\_\_\_\_\_

## Student 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:

## For the Financial Aid Office to Complete

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)			
Spouse'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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