The Higher Education Act of 1965 authorizes the Director of Financial Aid to use professional judgment, on a case-by-case basis for students with “special circumstances” that affect a family’s ability to pay for a college education that is not reflected in the information provided on the FAFSA. The Director of Financial Aid is expected and required to make reasonable decisions that support the intent of the provision. The decision of the Director of Financial Aid is final; there is no appeal process to the Department of Education. This form will be reviewed when the student’s financial aid file is complete.

Student Name: ___________________________________________ Student ID: __ __ __ __

Student Type: WOM ☐ CAUS ☐ GRAD ☐ PHARM ☐

1) Write a detailed description of your special circumstance(s) and submit with this form.
2) Select the box that best describes your situation. Supplemental paperwork listed is required.

<table>
<thead>
<tr>
<th>Select a box</th>
<th>Reason for appeal</th>
<th>Required documentation</th>
</tr>
</thead>
</table>
|              | A significant reduction in student/spouse income in 2017 compared to 2016 (at least 10 weeks of unemployment) | □ Estimated Income Form  
□ Copy of student’s 2016 IRS Tax Return transcript  
□ 2016 W-2s |
|              | A significant reduction in parents’ income in 2017 compared to 2016 (at least 10 weeks of unemployment) | □ Estimated Income Form  
□ Copy of parents’ 2016 IRS Tax Return transcript  
□ 2016 W-2s |
|              | Loss of One-time income (for example-early distribution from IRA account). | □ Documentation of one-time income  
□ Copy of parents’ 2016 IRS Tax Return transcript  
□ 2016 W-2s |
|              | Separation after the FAFSA was filed | □ Proof of legal separation  
□ Copy of 2016 IRS Tax Return transcript  
□ 2016 W-2s |
|                          | □ Copy of death certificate  
|                          | □ Copy of 2016 IRS Tax Return transcript  
|                          | □ 2016 W-2s  
| Death of parent or spouse | □ Copy of 2016 IRS Tax Return transcript  
|                          | □ 2016 W-2s  
| High medical/dental expenses paid during 2015 | □ Copies of paid receipts for medical/dental expenses paid during 2016  
|                          | □ Copy of Schedule A  
| Parent enrolled at least half-time in a degree seeking program during 2018-2019 | □ Proof of registration (including number of credits)  
|                          | □ Proof parent is enrolled in a degree seeking program  
|                          | □ Documentation of any cost reimbursement  
| Other extenuating circumstances | □ Submit any relevant and supporting documentation  


**Certification:** I certify that the information on my 2016-2017 FAFSA is accurate and that the information I submit in this appeal is true and complete to the best of my knowledge.

____________________________  
Student Signature  
____________________________  
Date  

____________________________  
Parent Signature (for Dependent students)  
____________________________  
Date