



2018-2019 Special Circumstances Form (Student)

Student Name: _____ Student's ID Number: _____ Date: _____
Last First M

Graduate and Independent Undergraduate students who have experienced a change in financial circumstance that will lower the student's resources may be eligible for a re-evaluation of her/his federal and /or state aid eligibility.

In order to be considered for a special circumstances calculation, the student must **1) meet specific guidelines (please see below), 2) explain the circumstances in a letter of appeal, and 3) provide documentation of the change.** Per federal regulation, FAFSAs selected for verification must be verified before special circumstances can be considered. For those not selected, completed 2016 tax information must be updated on the FAFSA before any review can take place.

All applicants must complete the 2018-2019 Free Application for Federal Student Aid (FAFSA) at www.fafsa.gov before completing the special circumstances form. Changes made by the Office of Financial Aid based on your special circumstances may or may not increase your grants or scholarships. In most cases, changes will result in additional loan eligibility.

Circumstances that may not be considered: Expenses such as car payments, consumer/credit card debt, high mortgage payments, matching other colleges/university offers, weddings, vacations, inability to liquidate assets, and/or other discretionary costs may not be considered. Adjustments to the *Financial Aid Award* will **not** be made to reflect these conditions.

Circumstances that may be considered are listed below:

Reason for Request	Required Documentation to be submitted with student's letter of appeal
<input type="checkbox"/> Unemployment/Reduction in Earnings	<ul style="list-style-type: none"> • USD Estimated Student Income and Expenses Form: http://www.sandiego.edu/financialaid/documents/1819SINX_O.pdf • Copy of termination notice from employer • Copy of unemployment benefits, or an explanation why not receiving unemployment benefits.
<input type="checkbox"/> Significant Change in Income from 2016	<ul style="list-style-type: none"> • USD Estimated Student Income and Expenses Form: http://www.sandiego.edu/financialaid/documents/1819SINX_O.pdf • Copy of information from employer explaining the reduction in wages or hours available for work.
<input type="checkbox"/> High Medical Expenses: Extraordinary additional medical or dental expenses, usually in excess of 10% of student's total income.	<ul style="list-style-type: none"> • If the 2016 Tax Return was filed with Schedule A, please provide a copy of Schedule A. • If no Schedule A was filed, include the total in the letter of appeal and provide documentation of all medical bills paid during tax year 2016.
<input type="checkbox"/> One-time/Non-Recurring Income	<ul style="list-style-type: none"> • Documentation of the one-time income (i.e., IRA distribution, inheritance, etc.) • Documentation of how this income was used.
<input type="checkbox"/> Other Extenuating Circumstances that may justify a revision (for example: long-term illness or disability, death of a spouse, etc.) that has occurred since the filing of the 2018-2019 FAFSA.	<ul style="list-style-type: none"> • Describe circumstance, and provide appropriate documentation.
<input type="checkbox"/> Request for Dependency Override Only for students who have very unusual circumstances (for example, parents incarcerated; parents physically or mentally incapacitated). Parents' refusal to assist a student in paying educational expenses cannot be considered.	<ul style="list-style-type: none"> • A detailed letter of explanation from the student describing why parental information is not available for the FAFSA. • Supporting documentation on letterhead from third party professional.

ADDITIONAL INFORMATION:

You may use the space below to explain any additional circumstances that are not reflected on your FAFSA:

I/We affirm the information provided on this form and attached documentation is accurate and complete to the best of our knowledge. I/We understand that completing this form does not guarantee that an appeal will be approved and/or financial aid will be increased, and any revision based on this information does not guarantee the same adjustments will be made in future semesters and/or academic years.

Student Signature: _____

Date: _____

Spouse Signature: _____

Date: _____

Please return to: Office of Financial Aid or One Stop Student Center
5998 Alcalá Park, San Diego, CA 92110-2492 (619) 260-2700