

Student Name:

Student ID:

Academic Year:

Special Circumstance Appeal Form

This form is used to request a reconsideration of your financial aid award. Applications are considered incomplete without all of the required documentation. **All special circumstance appeals are required to have a detailed letter of explanation in addition to the supporting documentation.** If you have been selected for Federal Verification, your appeal cannot be processed for changes until verification is complete.

Reasons for review of circumstances: (check only the box that applies)

Change in Financial Circumstances	Documentation Required
<input type="checkbox"/> Significant/Involuntary Reduction In Income - Student and/or Parent (For Example: Loss of Job, Child Support Reduction)	<ul style="list-style-type: none">• Signed detailed statement describing loss or reduction of income, include dates and all sources of income• Copy of applicable tax return transcripts and/or W-2's• Employer letter on letterhead reflecting last date of employment or DD-214• Proof of Unemployment benefits if applicable• Most recent paystub(s) that show year-to-date earnings• Notice of reduction/loss or court order of child support (include totals received)
<input type="checkbox"/> Change In Marital Status After FAFSA Filing - Student and/or Parent (For Example: Divorced, Widowed Or Death Of Parent/Spouse)	<ul style="list-style-type: none">• Copy of divorce decree/separation papers (if available) or copy of death certificate• Copies of final pay stub(s)• Documentation of any death benefits received (ex. Life insurance, social security, pension ect.)
<input type="checkbox"/> Out Of Pocket Medical and/or Dental Expenses That Exceed 11% of Household AGI	<ul style="list-style-type: none">• Provide bills/receipts and an itemized list with a total of all medical and/or dental expenses
<input type="checkbox"/> Other (For Example: One-time Taxable IRA Or Pension Distribution, Private Educational Expenses, Parent In College, Or Other Education Related Expenses)	<ul style="list-style-type: none">• IRS 1099-R (if applicable)• Receipts indicating private tuition or eligible educational expenses paid

Certification Statement: I (we) certify that all of the information provided is correct. I (we) understand that additional information may be requested. I (we) understand that the appeal decision made by Capital University's financial aid office is final and cannot be appealed.

STUDENT SIGNATURE: _____

DATE : _____

PARENT SIGNATURE (IF DEPENDENT STUDENT) : _____

DATE : _____