

## Office of Financial Aid Special Circumstance Form 2018-2019

Applicants who are requesting a review of their unusual circumstances to enable them to apply as an independent student for financial assistance purposes, or review of their administered financial aid must submit documentation to support their claim of independent status or change in financial status. The type of documentation may vary from student to student. However, certain standard documents are necessary to determine independent status or EFC adjustment, and any student under such review will be required to go through the basic verification process. These documents should be submitted together for review.

- Applicant's 2016 Federal Income Tax Return Transcript and or 2016 W2's.
- 2018-19 (V1) Dependent/IndependentVerification Worksheet.
- Statements from third parties with regard to your situation (clergy, school counselor, etc.)
- Court documentation, which supports your claim for independent student status.
- Detailed letter from you, the applicant, detailing the unusual circumstances that may qualify you for a dependency override.

**The Financial Aid Office does not approve requests based on the submission of documents, but based on review and evaluation of the documents that are submitted**. Additional documents may be requested. All decisions of the Financial Aid Office are final.

I certify that the attached information is true and correct.

Student Signature

TSU T #

Date

— OFFICE USE ONLY —

Signature and Date

Date Rec'd. \_\_\_\_\_ By:\_\_\_\_\_

Tennessee State University Office of Financial Aid 2018-2019 Special Circumstance Form

TSU ID#

Name

(Last Name)

(First Name)

(MI)

Please explain the EXTENUATING CIRCUMSTANCES as to why you feel you should be considered for a: 
abla dependency override 
bb professional judgment
bb Unaccompanied / homeless youth
bb professional judgment 
bb professional ju

			Date
Student Signature			Dale
Print Street Address			
Philit Street Address			Telephone Number
City, State and Zip Code			email address
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Action Taken: [] Approved	FICE USE ONLY:	Date:	
Comments:		Date.	
Signature:			
Title:			
Date:		·	
Dutc			