



Office of Financial Aid
Special Circumstance Form
2022-2023

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 2020 Federal Income Tax Return Transcript and or 2020 W2's.
2022-23 Dependent/Independent Verification 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 rather based on review and evaluation of the documents that are submitted in accordance with Federal Law. \*Additional documents may be requested. All decisions of the Financial Aid Office are final.

I certify that the attached and submitted information and documentation is true and correct. I understand that by submitting false or misleading documentation; I may be fined, sentenced to jail or both.

Student Signature TNumber Date

OFFICE USE ONLY
Date Received: By:



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TNumber \_\_\_\_\_

Name \_\_\_\_\_
(Last Name) (First Name) (MI)

Please explain the EXTENUATING CIRCUMSTANCES as to why you feel you should be considered for:
[ ] dependency override [ ] professional judgment
[ ] Unaccompanied / homeless youth

Multiple horizontal lines for text entry.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Street Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

email address \_\_\_\_\_

OFFICE USE ONLY:
Action Taken: [ ] Approved [ ] Denied Date: \_\_\_\_\_
Comments: \_\_\_\_\_
Signature: \_\_\_\_\_ Title: \_\_\_\_\_