

SPECIAL CONSIDERATION REQUEST FORM
(Loss of Income and/or Unusual Expenses)
2018-2019

Last Name	First Name	M.I.	Student ID#
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All requests for special condition changes will be reviewed by a committee. Each request will be reviewed on a case-by-case basis. Students will be notified of the decision in writing. All committee decisions are final. *Professional Judgments* may not be considered for:

- Loss/reduction of income due to –
- voluntary loss/decrease in income
 - student or spouse quitting a job to go to school
 - excessive consumer debts

Professional Judgments may be considered for one of the following reasons:

- A) Loss/reduction of income due to economy
- B) Unusual expenses (ex: Medical expenses not covered by insurance)
- C) Divorce or legal separation (please provide documentation with effective dates)

I. Have you/your parents had a loss of income due to: (check all that apply)

- Layoff/termination (submit termination documentation)
- Reduction in income (submit pay stubs, w2'S, Income Tax Return for previous year or other Documentation, severance pay, etc)
- Disability (submit letter of disability and earnings reduction statement)
- Illness of an immediate family member (submit Doctor's statement of illness, expected income reduction and/or total amount of medical bills paid out of pocket during previous year)
- Loss of benefit (submit documentation of the benefit loss with a statement of explanation)

Please attach your 2016 and 2017 tax returns and any additional information that you feel would be helpful.

If request is based on loss/reduction of income for the 2017 tax year, please complete the following:

Current Year Figures	<u>1/1/2017-12/31/2017</u>	Dependent Students Only
Estimated income earned from work	Student: Spouse:	Father: Mother:
Estimated other taxable income	Student: Spouse:	Father: Mother:
Estimated untaxed income (Such as child support)	Student: Spouse:	Father: Mother:
Estimated taxes to be paid	Student: Spouse:	Father: Mother:
Estimated unemployment or disability benefits	Student: Spouse:	Father: Mother:

If request is based on loss/reduction of income for the 2016 tax year, please complete the following:

Prior Year Figures	<u>01/01/2016-12/31/2016</u>	Dependent Students Only
Estimated income earned from work	Student: Spouse:	Father: Mother:
Estimated other taxable income	Student: Spouse:	Father: Mother:
Estimated untaxed income (Such as child support)	Student: Spouse:	Father: Mother:
Estimated taxes to be paid	Student: Spouse:	Father: Mother:
Estimated unemployment or disability benefits	Student: Spouse:	Father: Mother:

- II. Have you/your parents had unusual expenses due to: (Check all that apply)
- Medical condition (submit receipts showing the non-reimbursed medical or dental expenses)
 - Excessive transportation costs and moving expenses (submit receipts and a statement of explanation as to why those costs were necessary)
 - Other expenses (submit receipts and a statement of the type of expense incurred)

If requesting consideration due to unusual expenses, please complete the following:

Expense Type	Amount Paid	Year Paid	Paid by Student	Paid by Parent(s)

If you do not supply the proper documentation, the process will be delayed.

All of the information provided on this form is true and correct to the best of my knowledge.

Signature of Student

Date

Signature of Parent (if applicable)

Date