

SPECIAL CONSIDERATION REQUEST FORM  
(Loss of Income and/or Unusual Expenses)  
2019-2020

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 2017 and 2018 tax returns and any additional information that you feel would be helpful.**

If request is based on loss/reduction of income for the 2018 tax year, please complete the following:

Current Year Figures	<u>1/1/2018-12/31/2018</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 2017 tax year, please complete the following:

Prior Year Figures	<u>01/01/2017-12/31/2017</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:

- 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