



Request for Special Circumstance Form

Student Name _____ Student ID _____

Complete this form if you have a special circumstance you want Financial Aid to consider. A special circumstance is defined as a special or extenuating situation (such as the loss of a job) that impacts a student's financial situation and supports a financial aid administrator when adjusting data elements to the Cost of Attendance (COA) or Student Aid Index (SAI) on a case-by-case basis. Complete this form and return it with supporting documentation to the Financial Aid Office for processing.

1. Indicate your special circumstance and whom it has/is impacting. Check all that apply:

Loss or significant change of income, employment status, assets, or untaxed income/benefits

Medical, dental, or nursing home expenses not covered by insurance

Expenses due to unexpected move, loss of housing, or catastrophic property damage

Loss of childcare or sudden increase in childcare expenses

Death of a parent or spouse

Military Discharge

Other: _____

❖ Indicate who is affected by the circumstances listed above:

Student	Spouse	Contributor/Parent 1	Contributor/Parent 2
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2. Submit a typed or a legibly written statement explaining your special circumstance in detail.

❖ Include all relevant information including whom the circumstance affected, the dates, the circumstances that occurred, and other information that you feel would justify this adjustment to your Cost of Attendance or Student Aid Index.

3. In addition to your statement you must submit SUPPORTING DOCUMENTATION for the circumstances outlined in your explanation.

❖ An example of supporting documentation could include, but is not limited to: current income, other tax documents, court or police reports/documents, hospital release forms, accident reports or death certificates, medical bills, eviction notice, and/or childcare expenses.

STUDENT CERTIFICATION

By signing below, I affirm that all information in this appeal is true and complete to the best of my knowledge. If asked by a financial aid administrator, I agree to provide proof of this information. The information I provide may also be shared with other CMC support services in order to connect me with additional resources.

Student Signature _____ Date _____