



Office of Student Financial Aid

REQUEST FOR SPECIAL CIRCUMSTANCE Award Year 2007-2008

ATTENTION!!! Information on this application will be collected and used to determine if a special circumstance is appropriate. This request must be accompanied with documents as noted on this form. This request is only valid for Fall 2007, Spring 2008, and Summer 2008 semesters. **A FAFSA must be completed prior to making a Request for Special Circumstance.** Your FAFSA will be selected for Verification. Processing of this Request will take approximately four to six weeks from the day it is received in the Office of Student Financial Aid. **This request and all requested documents must be received at the same time. Incomplete or illegible requests will not be accepted.**

DEMOGRAPHIC INFORMATION (Please Print Clearly)

Date of Birth: ___/___/___ Student I.D. _____ Student SSN: _____ Today's Date: _____

Applicant's Name: _____
Last First M.I.

Permanent Mailing Address: _____
Cannot be on-campus Street, Apt. #, P.O. Box City State Zip

Phone #: ___/___/___ Alternate Phone #: ___/___/___ UTPB E-mail address: _____
(Please note that ALL UTPB Financial Aid Correspondence will be done through the Student UTPB E-mail address beginning May 1, 2007.)

(Check Yes or No on each statement)

Yes No. **Loss of job or wages:** *You must submit a copy of termination notice, resignation letter, documentation showing that a loss has occurred, the amount of loss, and date loss occurred.*

Yes No. **You or a family member converted or received funds from an IRA or other investment funds during 2006:** *You must submit a copy of the transactions including amount received or converted.*

Yes No. **Loss because of Death:** *You must submit a copy of the death certificate.*

Yes No. **Unusual medical expenses paid out of pocket during calendar year 2006 and not reimbursed through any agency:** *You must submit appropriate documentation such as medical provider statements or cancelled checks.*

Yes No. **Elementary or secondary school tuition cost:** *You must submit a copy of the agreement including amount expended, and the date(s) of expenditure.*

Yes No. **Unusually high child care costs:** *You must submit a copy of the child care agreement including amount expended, and the date(s) of expenditure.*

Yes No. **What is your circumstance if none of the above describes it?** _____
You must submit a notarized letter describing your special circumstance. The letter must include the negative amount.

In addition to the required documentation above, you must submit the following:

- A letter describing your special circumstances,
- A copy of your 2006 IRS taxes and W-2s,
- A copy of your parents 2006 IRS taxes and W-2s if you are a Dependent student.
- A completed ABC worksheet available from the Office of Student Financial Aid.

Acknowledgement:

By signing this form I acknowledge that the information is true and accurate to the best of my knowledge. I understand that the decision by the OSFA is final and there are no appeals.

Student Signature: _____

For Financial Aid Use Only

Action Taken: Approved Denied Date: _____ FAO Signature: _____

FAO Written Determination: _____

