



**PURPOSE OF REQUEST**

*If there are special circumstances to be considered, please check the appropriate box and then explain your situation in further detail below. If more space is needed, attach additional pages. Submit appropriate supporting documents.*

- Tuition paid for siblings attending elementary/secondary schools
- Household income has substantially dropped below level reported on the FAFSA
- Medical expenses paid out-of-pocket
- Other \_\_\_\_\_

Explain further: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student signature

Date

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**Office of Student Financial Services**  
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(date) (reviewer's initials)