

2017-2018  
Special Circumstance Appeal

**Student Section**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Full Address: \_\_\_\_\_

Email Address: \_\_\_\_\_@metrostate.edu Telephone: \_\_\_\_\_

Estimated family income from January 1, 2016/2017 to December 31, 2016/2017: \$ \_\_\_\_\_

Source of this income: \_\_\_\_\_

The U.S. Department of Education permits financial aid administrators, using their professional judgement, to recalculate a student's estimated family contribution in the event your family income has changed during the dates listed above.

**Petition for Consideration of Special Circumstance Requirements:**

**Checklist:**

- Attach a statement which fully explains your reasons for any special circumstances you encountered in 2017.
- Attach documentation that shows your income. Include copies of your last paycheck and unemployment benefits and any other documents that verify the circumstances you describe in your statement (such as letters from doctors or lawyers, medical invoices and layoff notices).

Insufficient documentation and/or incomplete forms will be returned to you and will delay processing. If this appeal is denied, the income information indicated in the 2017-2018 Free Application for Federal Student Aid (FAFSA) will be used to calculate your estimated family contribution.

*I am requesting an adjustment to the information upon which my financial aid application is based. I understand that it is a violation of both Federal and State laws, as well as the University's Code of Conduct, to purposefully provide false or misleading information to agents of the university in connection with my application for financial aid.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this appeal, statement and documentation to:**

Attn: Financial Aid Office  
Metropolitan State University  
700 East Seventh Street  
Saint Paul, MN 55106-5000

Phone: 651-793-1300  
Fax: 651-642-0636