## 2019-2020 Special Circumstance Appeal



Fax: 651-793-1532

**Student Section** 

Name:	Student ID:
Full Address:	
Email Address:@my.m	netrostate.edu Telephone:
Estimated family income from January 1, 2019 to D	December 31, 2019: \$
Source of this income:	
The U.S. Department of Education permits financial judgement, to recalculate a student's estimated famil changed during the dates listed above.	
Petition for Consideration of Special Cir	rcumstance Requirements:
in 2019.  Attach documentation that shows your income. I	s that verify the circumstances you describe in your
Insufficient documentation and/or incomplete forms If this appeal is denied, the income information indic Student Aid (FAFSA) will be used to calculate your	cated in the 2019-2020 Free Application for Federa
I am requesting an adjustment to the information upon the stand that it is a violation of both Federal and Conduct, to purposefully provide false or misleading connection with my application for financial aid.	nd State laws, as well as the University's Code of
Signature:	Date:
Please return this appeal, statement and documen Attn: Financial Aid Office	ntation to: Phone: 651-79

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