2021-2022 Special Circumstance Appeal



Phone: 651-793-1300

Fax: 651-793-1532

Student Section

Name:	Student ID:
Full Address:	
Email Address:	@my.metrostate.edu Telephone:
Estimated family income from J	anuary 1, 2021 to December 31, 2021: \$
-	on permits financial aid administrators using their professional it's estimated family contribution in the event your family income has bove.
Petition for Consideration	on of Special Circumstance Requirements:
in 2021. Attach documentation that sh unemployment benefits and a	ly explains your reasons for any special circumstances you encountered nows your income. Include copies of your last paycheck and any other documents that verify the circumstances you describe in your m doctors or lawyers, medical invoices and layoff notices).
If this appeal is denied, the incom	or incomplete forms will be returned to you and will delay processing. ne information indicated in the 2021-2022 Free Application for Federal ed to calculate your estimated family contribution.
I understand that it is a violation	to the information upon which my financial aid application is based. In of both Federal and State laws, as well as the University's Code of the false or misleading information to agents of the university in for financial aid.
Signature: X	

Please return this appeal, statement and documentation to:

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