## 2023 - 2024 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 incom	e from January 1, 2023 to December 31, 2023: \$
Source of this income:_	
_	Education permits financial aid administrators using their professional a student's estimated family contribution in the event your family income has listed above.
<b>Petition for Cons</b>	ideration of Special Circumstance Requirements:
in 2022 along with one Attach documentation unemployment bene	hich fully explains your reasons for any special circumstances you encountered opies of your SIGNED 2022 federal tax returns.  In that shows your income. Include copies of your last paycheck and fits and any other documents that verify the circumstances you describe in your tters from doctors or lawyers, medical invoices and layoff notices).
If this appeal is denied,	on and/or incomplete forms will be returned to you and will delay processing. he income information indicated in the 2023-2024 Free Application for Federal ill be used to calculate your estimated family contribution.
I understand that it is a Conduct, to purposeful	stment to the information upon which my financial aid application is based. violation of both Federal and State laws, as well as the University's Code of y provide false or misleading information to agents of the university in lication for financial aid.

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

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

Signature: X