

FAFSA AND BUDGET APPEAL REQUEST FORM

Student Last Name	First Name	MI	UT ID Number								
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I would like to file an appeal with the Office of Financial Aid & Scholarships because I have an unusual circumstance. I would like to request an appeal for the following reason(s):

	Reason <i>(Please check box(es) below)</i>	
<input type="checkbox"/>	Loss of Income Changes that occur in the 2017 tax year will not be reviewed until the 2017 taxes are available and a tax return transcript along with all 2017 W-2's and/or 1099's can be provided for student and parent.	<input type="checkbox"/> Layoff <input type="checkbox"/> Termination <input type="checkbox"/> Hours/Income reduction <input type="checkbox"/> Business Income reduction <input type="checkbox"/> Child Support/Alimony <input type="checkbox"/> One-time taxable income used for life changing events (IRA, pension distribution, back-year Social Security payments) <input type="checkbox"/> Parent retirement <input type="checkbox"/> Other – Please describe below.
<input type="checkbox"/>	Parent Divorce/Separation	
<input type="checkbox"/>	Death of parent	
<input type="checkbox"/>	Excessive Medical Expenses not covered by insurance	
<input type="checkbox"/>	Computer Purchase**	
<input type="checkbox"/>	Childcare Expenses**	
<input type="checkbox"/>	Internship/Student teaching expenses**	
<input type="checkbox"/>	Additional books and supplies**	
<input type="checkbox"/>	Study Abroad**	
<input type="checkbox"/>	Teacher Licensure	
<input type="checkbox"/>	Preparatory course work	Courses required to be admitted into a degree program
<input type="checkbox"/>	Student Marriage	<input type="checkbox"/> Marriage must take place before December 31 of the current academic year to be considered
<input type="checkbox"/>	Dependency Self Sufficiency, parent unwillingness to provide information, or parent not claiming student on tax return does not merit a dependency appeal.	<input type="checkbox"/> Physical or emotional abuse from parents <input type="checkbox"/> Estrangement from parents <input type="checkbox"/> Abandonment by parents <input type="checkbox"/> Parental drug abuse <input type="checkbox"/> Parental mental incapacity <input type="checkbox"/> Other situation beyond your control. Please describe below.

** Appeal approval **does not** guarantee eligibility for additional financial aid or availability of certain financial aid funds. You may need to pursue an alternative or private education loan if you need additional funding.

Please provide a brief summary of your situation. You may attach additional pages. (Required if "Other" selected above)