



MISSISSIPPI STATE UNIVERSITY™
STUDENT FINANCIAL AID

2019-2020
Special Circumstance Appeal Form

9

Student's Name

Student's MSU Net ID

MSU ID (9 digit)

Complete this form if you or your family have unusual circumstances that may affect your ability to contribute to your 2019-2020 educational expenses. To qualify for a special circumstances we will only consider the following situations. (Employment Loss; Divorce/Separation; Excessive Medical expenses; or Death) Our appeal committee will re-evaluate your financial aid eligibility for possible adjustment, and will post additional documentation requirements as needed to complete the review.

- * **Special Circumstance Appeals are limited to one per academic year.**
- ** **Additional documents may be required once our appeal committee evaluates the special circumstance.**
- *** **Regularly check your Eligibility Requirements on your MSU myState and your MSU email address to see documents requested and/or if you need to submit additional documentation.**

Reason for Special Circumstance Appeal

Answer questions and provide documents as specified for the circumstance you are requesting us to consider.

1. Employment Loss -- (layoff/termination/job change which resulted in reduction of income) Provide a typed, signed detailed letter explaining the circumstances (list who experienced the loss, when the loss occurred, and any other relevant information and dates).	
List the person(s) who experienced the loss:	Relationship to the student:
Did or will this person receive unemployment?	<input type="checkbox"/> Yes (provide copy of Unemployment Benefit Statement) <input type="checkbox"/> No
Is this person now employed?	<input type="checkbox"/> Yes (list date employment began _____ M/Yr) <input type="checkbox"/> No
Document(s): <ul style="list-style-type: none"> The 2017 Tax Return Transcript Copy of the termination/separation letter and severance package (if they received one) Copy of the 2018 Tax Return Transcript or 2018 Signed 1040 Form Copy of unemployment benefits letter, if the person is receiving unemployment 	

2. Divorce/Separation -- This must occur after the FAFSA has already been submitted.	
List Names of parents involved:	
List date of divorce/separation:	(M/Yr)
Document(s): <ul style="list-style-type: none"> Copy of divorce decree or signed letter from lawyer specifying separation is with intent to divorce; And Copy of 2017 Tax Return Transcript; And Copy of custodial parents W2 Form(s) for 2017 	

3. Excessive Medical Expenses**Document(s):**

- Copy of Schedule A (from 2017 federal tax return transcript); **Or**
- Copy of 2017 Doctor/Hospital payments that you have already paid (**beyond what your insurance covered**)

4. Death – If death occurred in 2017 or later

- | | |
|--|--------|
| • List name of deceased parent: | |
| • List date death occurred: | (M/Yr) |
| • Specify name of deceased person (and relation to you): | |

Document(s):

- Copy of Death Certificate or full Obituary; **And**
- If deceased person was listed on the 2017 tax return please provide a copy of the custodial parents W2 Form for 2017.

Signature

By signing this form, I certify that all of the information on this form and any attachments are complete and accurate information to the best of my knowledge. **Warning: Purposely giving false or misleading information may result in a fine, imprisonment, or both.**

Student Signature _____ Date _____
(Required)

Spouse Signature _____ Date _____
(If student married, student's spouse's signature required.)

Parent Signature _____ Date _____
(Dependent students must also include parent signature)

(Note: Electronic signatures will not be accepted)