2019-2020 Special Circumstance Appeal Form

<table>
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<tr>
<th>Student’s Name</th>
<th>Student’s MSU Net ID</th>
<th>MSU ID (9 digit)</th>
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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 circumstance 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?**
   - □ Yes (provide copy of Unemployment Benefit Statement)
   - □ No

   **Is this person now employed?**
   - □ Yes (list date employment began ______________ M/Yr)
   - □ No

   **Document(s):**
   - 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):**
   - 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

**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.

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**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)