# Special Circumstance Appeal Form

**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 2020-2021 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)

<table>
<thead>
<tr>
<th>List the person(s) who experienced the loss:</th>
<th>Relationship to the student:</th>
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</table>
| 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):
- 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).
- Copy of the 2018 Tax Return Transcript or 2018 Signed 1040 Form and appropriate schedules (if not already sent)
- Copy of the termination/separation letter and severance package (if one was received)
- Copy of the 2019 Tax Return Transcript or 2019 Signed 1040 Form and appropriate schedules (if it has been filed)
- Most current 3 months of documented income including gross year to date income if the 2019 1040 Tax Return has not been completed yet or you are requesting to use current year income.
- Copy of unemployment benefits letter, if the person is receiving unemployment
- If job loss was voluntary, make sure to put that in your letter.

### 2. Divorce/Separation -- This must occur after the FAFSA has already been submitted.

<table>
<thead>
<tr>
<th>List Names of parents involved:</th>
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<tr>
<td>List date of divorce/separation:</td>
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Document(s):
- 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).
- Copy of divorce decree or signed letter from lawyer specifying separation is with intent to divorce; **And**
- Copy of 2018 Tax Return Transcript or a copy of the signed 2018 Tax Return and appropriate schedules; **And**
- Copy of custodial parents W2 Form(s) for 2018
3. Excessive Medical Expenses

Document(s):
- 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).
- Copy of Appropriate Schedule (from 2018 federal tax return transcript); Or
- Copy of 2018 Doctor/Hospital payments that you have already paid (beyond what your insurance covered)

4. Death – If death occurred in 2019 or later

- List name of deceased parent (and relation to you): Name: Relation:
- List date death occurred: (M/Yr)

Document(s):
- 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).
- Copy of Death Certificate or full Obituary; And
- If deceased person was listed on the 2018 tax return and appropriate schedules, please provide a copy of the custodial parent’s W2 Form for 2018 or 1099 or other credible income sources.

Signature (Note: Signatures MUST BE HANDWRITTEN; electronic signatures will not be accepted.)

By signing this form, I certify that all 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)

Student’s 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)