2017-2018 STUDENT RE-EVALUATION FORM

Student’s Name: _____________________ Semester: _______________ Empl ID# _______________

Student Financial Services will make every effort to assist you with your special request based on extenuating circumstances. All of the following documents are required for reconsideration:

**Independent Student**
- 2017-2018 processed FAFSA must be on file in our system
- Letter explaining extenuating circumstance(s)
- 2017-2018 Independent Verification Worksheet
- Student’s 2015 IRS Tax Transcript and W2(s)
- Spouse’s 2015 IRS Tax Transcript and W2(s)
- Student’s 2016 IRS Tax Transcript and W2(s)
- Spouse’s 2016 IRS Tax Transcript and W2(s)

**Dependent Student**
- 2017-2018 processed FAFSA must be on file in our system
- Letter explaining extenuating circumstance(s)
- 2017-2018 Dependent Verification Worksheet
- Parents’ 2015 IRS Tax Transcript(s) and W2(s)
- Student’s 2015 IRS Tax Transcript and W2(s)
- Parents’ 2016 IRS Tax Transcript(s) and W2(s)
- Student’s 2016 IRS Tax Transcript and W2(s)

Please check the situation that applies to you and provide additional documentation based on your circumstance (see reverse side for listing of **required additional documentation**):

- Unreimbursed medical expenses in 2016.

- Loss of a student’s/parent’s income through separation, divorce or death.

- Decrease of family income, in calendar year 2017, due to loss of employment or disability (by a student/spouse/parent) student must be out of work for at least **ten weeks** before an appeal is submitted.

- Other circumstances not listed above: ______________________________________________________

(SEE REVERSE SIDE)
IN ADDITION TO THE REQUIRED ITEMS LISTED ON PAGE 1, YOU MUST PROVIDE ALL OF THE FOLLOWING ITEMS AS THEY PERTAIN TO YOUR FAMILY CIRCUMSTANCE:

Students’/Parents’ Unreimbursed Medical Expenses

☐ Due to lack of complete medical coverage in 2016 medical expenses that were not reimbursed.
   $ __________________

☐ You must include the “itemized section” of student and/or parent 2016 federal tax returns which will show any unreimbursed medical expenses or submit copies of all unreimbursed 2016 medical bills.

Loss or Decrease of student/parent income

Complete the chart below:

<table>
<thead>
<tr>
<th>2016 Income - all sources</th>
<th>2017 Projected Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjusted gross income</td>
<td>$____________________</td>
</tr>
<tr>
<td>Student’s income from work</td>
<td>$____________________</td>
</tr>
<tr>
<td>Spouse’s income from work</td>
<td>$____________________</td>
</tr>
<tr>
<td>Parent’s income from work</td>
<td>$____________________</td>
</tr>
<tr>
<td>Other income (If applicable)</td>
<td>$____________________</td>
</tr>
<tr>
<td>Unemployment Benefits</td>
<td>$____________________</td>
</tr>
<tr>
<td>Disability Benefits</td>
<td>$____________________</td>
</tr>
<tr>
<td>Total Income – all sources</td>
<td>$____________________</td>
</tr>
</tbody>
</table>

For loss of income due to loss of employment or disability attach:

☐ A copy of “Employment Letter” that notes the last date of employment
   (This letter must be on company letterhead and signed by a company official)

☐ A copy of the last pay stub received.

☐ A copy of the Unemployment Benefits Statement (please clarify extent of time for which the benefit will be paid)

☐ A copy of disability benefits receipt (if unemployment is due to a disability).

For loss of income due to separation or divorce attach:

☐ A copy of the separation agreement or letter from attorney stating the earliest date of students’ separation
   (if the separation is not yet legal, submit proof that student and spouse are living in separate domiciles), or a copy of the divorce decree.

☐ A copy of the last 4 paystubs or proof of income for 2017 year.

For loss of income due to death of spouse or parent attach:

☐ A copy of the death certificate of the deceased spouse or parent.

☐ 2016 W-2 for the deceased spouse or parent.

CERTIFICATION:

- I (we) hereby attest that all the information/documentation is accurate to the best of my/our knowledge.
- I (we) understand that providing false or misleading information can jeopardize my financial aid eligibility.

_____________________________  _________________________
Student’s Signature                  Date

_____________________________  _________________________
Spouse’s Signature (if applicable)  Date

_____________________________  Date
Parent’s Signature (Dep. Student Only)