Print Form

UNT HEALTH SCIENCE CENTER

UNTHSC 2014-2015 Request for Review of Special Circumstances

Last Name	First Name	EMPLID#

Your Special Circumstances Application is a request by you, the student, asking the Financial Aid Office (FAO) to make adjustments to your financial aid award based upon an extra-ordinary financial hardship that was not taken into consideration when your EFC was calculated or that is not already covered by the Cost of Attendance (COA) budget at the UNTHSC-FW. Please keep in mind that we can only consider extra-ordinary and unexpected expenses and will not consider things like car payments, co-pays, and routine medical or automobile expenses. Please provide a full explanation of your circumstances on this form in the space provided below. You must provide supporting documentation and copies of paid receipts.

RETURN THIS FORM WITH DOCUMENTATION TO THE FINANCIAL AID OFFICE
3500 Camp Bowie Blvd.
Fort Worth, TX 76107

CERTIFICATION:
All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give additional documentation necessary to verify my request. I certify that I have read and understand the requirements above.

Student's signature_____Date_____

For Office Use Only:

Financial Aid Committee Decision: ☐ Approved ☐ Denied

FAO Signature: _____ **Date:** _____