

REQUEST FOR RECONSIDERATION BASED ON EXTENUATING CIRCUMSTANCES 2024-2025

or 2024	earned in 2022 does not accurately reflect the stude for one of the following reasons. Check all that appl				
back of	this form.				
Indepe	ndent Students				
□ A.□ B.□ C.□ D.	Loss of employment or change of employment status for student/spouse Divorce/separation or death of a spouse Loss of untaxed income Additional funding needed to stay in school		E. F. G.	Unusual medical/dental disability-related expens One-time income Other unusual debt/experelated, child care, reside	es ense (transportation
Depend	dent Students				
□ H.□ J.□ K.	Parents' loss of employment or change in employment status Student's loss of employment of change in employment status Loss of untaxed income (Social Security benefits, pension, etc.) Divorce/separation or death of a parent		 L. Additional funding needed to stay in school M. Unusual medical/dental bills or disability-related expenses N. One-time income O. Other unusual debt/expenses (transportation-related, child care, residency interviews, etc.) is checked. 		
Please	complete the following chart for 2022 if A, B, C, D, H, I	, J, K, or L is	s che	ecked.	
Please	complete the following chart for 2022 if A, B, C, D, H, I	, J, K, or L is	s che	ecked. Student/Spouse	Parent
COME*	complete the following chart for 2022 if A, B, C, D, H, I		s che		Parent
COME*	complete the following chart for 2022 if A, B, C, D, H, I		s che		Parent
COME* ages, sal	complete the following chart for 2022 if A, B, C, D, H, I,		s che		Parent
COME* ages, sal her taxa	complete the following chart for 2022 if A, B, C, D, H, I, laries, tips (include severance pay, disability payment		s che		Parent
COME* ages, sal her taxa taxed so	complete the following chart for 2022 if A, B, C, D, H, I, laries, tips (include severance pay, disability payment lable income locial security benefits		s che		Parent
come* ages, sal her taxa taxed so d to Fam	complete the following chart for 2022 if A, B, C, D, H, I, laries, tips (include severance pay, disability payment lable income locial security benefits lilies with Dependent Children		s che		Parent
come* ages, sal her taxa taxed so d to Fam	complete the following chart for 2022 if A, B, C, D, H, I, laries, tips (include severance pay, disability payment lable income locial security benefits lilies with Dependent Children loort Received laxed Income		s che		Parent
come* ages, sal her taxa staxed so d to Fam ild Supp her Unto	complete the following chart for 2022 if A, B, C, D, H, I, laries, tips (include severance pay, disability payment lable income locial security benefits lilies with Dependent Children loort Received laxed Income	s, etc.)	inform	Student/Spouse	ent.

			
LOSS OF EMPLOYMENT OR CHANGE IN EMPLOYMENT STATUS:	DIVORCE, SEPARATION OR DEATH OF A SPOUSE OR PARENT: Provide all W-2 form(s) and one of the following:		
To use income for 2023, please provide the following:			
2023 Federal Tax Return	Copy of divorce decree		
(i.e. 1040, 1040ez, or 1040A etc.)	Death certificate or death notice		
To estimate your projected income for 2023,			
please provide at least one of the following:			
ESD forms which indicate the amount you will	LOSS OF UNTAXED INCOME:		
receive from the unemployment benefits	Provide the following as appropriate:		
Letter from employer detailing termination date and gross income received for 2023	Letter from the agency who provided benefits detailing termination and summary of benefits		
☐ Unemployment papers and copy of last payroll			
check stub(s) reflecting year-to-date wage total			
UNUSUAL MEDICAL/DENTAL BILLS OR HANDICAPPED RELATOR Provide a copy of Schedule A of the Federal 1040 form or candinclude medical insurance premiums paid. (To be considered ONE TIME INCOME: Document source and amount of income and verify use of income Regulations. OTHER UNUSUAL DEBT/EXPENSES: Document the debt/expense and include method of payment. (Federal Regulations)	celed checks or receipts showing amount paid; I unusual, medical expenses must exceed 11% of the I.P.A.)		
Provide a copy of Schedule A of the Federal 1040 form or cand include medical insurance premiums paid. (To be considered ONE TIME INCOME: Document source and amount of income and verify use of income and verify use of income and Regulations. OTHER UNUSUAL DEBT/EXPENSES: Document the debt/expense and include method of payment. (Fig. 1)	celed checks or receipts showing amount paid; I unusual, medical expenses must exceed 11% of the I.P.A.) come. Discretionary expenses will be reviewed according to		
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