



Financial Aid
650 East Parkway S
Memphis, TN 38104
Main: 901.321.3305
Email: finaid@cbu.edu

2026-2027 ADDITIONAL FUNDING REQUEST BASED ON EXTENUATING CIRCUMSTANCES

Student's Name _____

ID# _____

1. **EXPLANATION:** Please explain how your circumstances merit consideration for extenuating circumstances or attach a letter of explanation.

CERTIFICATION:

All of the information on this form and any included supporting documentation is true and complete to the best of my knowledge.

Student's Signature

Date

Parent's Signature (For Dependent Students Only)

Approved _____

Rejected _____

Director

Date