

2019-2020 Request for Review of Special Circumstances

| Name: | Student ID#: |
|---|---|
| Office (FAO) to make adjustments to hardship that was not taken into concovered by the Cost of Attendance (only consider extraordinary and unexcopays, and routine medical or autor | ation is a request by you, the student, asking the Financial Aid your financial aid award based upon an extraordinary financial sideration when your EFC was calculated, or that is not already (COA) budget at UNTHSC. Please keep in mind that we can expected expenses and will not consider things like car payments mobile expenses. Please provide a full explanation of your ace provided below. You must provide supporting documentation |
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| - | HIS FORM WITH DOCUMENTATION TO: THE FINANCIAL AID OFFICE Endent Service Center, Suite 150 3500 Camp Bowie Blvd. Fort Worth, TX 76107 |
| Student's signature | Date |
| For Office Use Only: | |
| Financial Aid Committee Decision | n: Denied |
| FAO Signature: | Date: |