

2010-2011 Special Circumstances Revision Request Form

Note: Adjustments will only be made for the **current** award year/academic period; therefore a student must provide receipts and/or documentation for the award year/academic period in progress.

☐**COMPUTER PURCHASE:**

Computer revision does not include purchase of PDA, or any other such electronic device(s).

- Provide a copy of final purchase receipt **and** specifications for the computer. The receipt must include student information. If someone (i.e. parent/spouse) purchased computer on your behalf please include signed statement validating computer was purchased for your educational purposes. Computer specifications must come from manufacturer or manufacturer's website. Only **ONE** request can be submitted during the period of undergraduate and graduate studies combined.
- Increase cannot exceed **\$2500**:
(Check appropriate box)
☐ Medical ☐ Nursing ☐ Dental ☐ Post Grad ☐ Dental Hygiene ☐ Public Health
- Increase cannot exceed **\$2725**:
☐ SHIS
- Increase cannot exceed **\$1500**:
☐ MD Anderson

☐**MEDICAL / DENTAL / VISION / OTHER UNUSUAL EXPENSES:**

This does not include insurance premiums or routine office visits as this has already been estimated in your cost of attendance. Adjustments will only be considered if they are *not* included as itemized deductions on your federal tax return **AND** they exceed the IPA (Income Protection Allowance) [HEA Sec. 479A (a)]. Medical expenses are considered unusual only if they exceed 11% of the family's income. The student may be awarded only the difference between the IPA and amount paid out of pocket.

- Attach photocopies of paid receipts for bills/prescriptions incurred since the first day of the *current* award year/academic period. Prescription name/Rx number must appear on receipt for verification purposes
- Submit a signed copy of your most recent tax returns *including* Schedule A
- Include Explanation of Benefits and/or company invoice stating date, description of service and charges for services rendered
- Letter from physician stating diagnosis, duration of condition and name(s) of any medication(s) prescribed
- For services/medications not covered by insurance: Include Explanation of Benefits stating reason for reject

Note: Chronic conditions requiring monthly medication require at least 3 months of receipts.

☐**TRANSPORTATION REPAIRS**

This does not include insurance premiums or regular maintenance such as oil changes, routine repairs or cosmetic repairs as this has already been estimated in your cost of attendance. Revisions for ONE vehicle per award year.

- Attach photocopies of paid receipts for bills incurred since the first day of the *current* award year/academic period for auto repairs **not** covered by insurance
- Explanation of Benefits or proof repairs are not covered by insurance may be required upon request

Make/Model: _____ Year: _____

☐**CHILD CARE**

Dependent(s) must be *less* than 6 years of age. If dependent(s) is/are older than 6 years of age, child care payment receipts are required. Spouse *must* be employed at least part-time or be a part-time student in order to qualify for child care revision.

- Submit copy of birth certificate for all dependents
- Provide proof spouse is employed at least part-time (e.g., current pay stub, prior year tax return/ W-2 and/or a letter from employer on company letterhead)
- Include proof of spouse's enrollment (at least part-time) from the school they are attending (e.g. letter from Registrar on school letterhead)
- Child care receipts and/or letter from day care provider, if applicable

☐**OFF-CAMPUS BUDGET**

Only for students no longer living with parents since applying for *current* FAFSA

- Attach copy of lease with your name listed as leaser

☐ **SCHOLARSHIPS / SPONSORSHIPS / VETERANS BENEFITS / OTHER RESOURCES:**

- Include copy of award letter and/or any correspondence from source, if applicable

Amount: _____ Semester(s): _____ Organization: _____

Amount: _____ Semester(s): _____ Organization: _____

☐ **LOAN REINSTATEMENT / REVISION:**

Must have remaining loan eligibility.

- ☐ I declined my entire Federal Direct Subsidized Stafford loan and would like to have it reinstated.
- ☐ I declined my entire Federal Direct Unsubsidized Stafford loan and would like to have it reinstated.
- ☐ I declined a **portion** of my Direct **Subsidized / Unsubsidized** (circle one) Stafford Loan(s) and would like to have \$ _____ **Sub** and/or \$ _____ **Unsub** reinstated.
- ☐ I declined other funding and would like to have it reinstated. Reinstatement depends upon funding availability. List type(s) and amount(s):

Funding Type: _____ Amount: _____

Funding Type: _____ Amount: _____

☐ **OTHER:**

Must be extenuating circumstances. This option may need to be discussed in greater detail with your counselor to determine whether or not your circumstance warrants an appeal/revision.

- Attach any supporting documentation

Reason for appeal/revision:

STEP 3

SPECIAL CIRCUMSTANCES REVISION REQUEST CERTIFICATION STATEMENT

Signing this document confirms your acknowledgement of the following:

- I have read and completed each section and have provided the required documentation
- Additional documentation may be required upon request
- I understand that no adjustments will be made until all required documents have been received. Failure to provide requested documents may result in the denial of my appeal/revision
- I am aware the documents I have submitted are part of my confidential financial aid record and cannot be returned
- The information listed on this application and the documents submitted for review are true and correct to the best of my knowledge
- Providing false, misleading or altered information/documentation may result in revocation of eligibility and/or repayment of aid in this year or future years
- Approved appeals/revisions do not guarantee an increase in aid. However, adjustments resulting from an approved appeal/revision may result in increased loan eligibility
- The approval of an appeal/revision from a previous institution does not impact the decision of UTHealth & UTMDACC
- All Special Circumstances Revision Requests **must** be submitted **28 days prior** to the last day of enrollment for the **current** award year/academic period. Complete documentation must be submitted with request. All requests submitted after the last day of enrollment for the award year will be declined.
- There is an approximate 2-4 week processing time for each request. *Note: Processing may be delayed during peak periods*
- It is my responsibility to check on the status of my application

Student Signature: _____ **Date:** _____

PRIVACY NOTICE

State law requires you be informed of the following: 1) with few exceptions, you are entitled upon request to be informed about the information the University collects about you by use of this form; 2) under sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review this information; 3) under section 559.004 of the Texas Government Code, you are entitled to have the University correct information about you that is incorrect. The information the University collects will be retained and maintained as required by Texas records retention law and rules section 441.180 et seq. of the Texas Government Code.