

## UC San Diego, Financial Aid & Scholarships Office 2017-2018 STUDENT CONTRIBUTION APPEAL FORM

Your student contribution for the 2017– 2018 academic year is based on 2015 calendar year income. If 2015 income does not accurately reflect your current financial situation, you may request reevaluation of your contribution by completing the information below. You will be notified via an award notification if your student contribution is revised.

*For graduate students*, please be aware that if you will be receiving an assistantship (teaching, research, associate, language, etc.) include the award amount in your July 1, 2017 through June 30, 2018 income below. Return documents to: UCSD FAS, 9500 Gilman Drive Dept 0013, La Jolla, CA 92093-0013, fax to 858-534-5459 or scan/email to [finaid@ucsd.edu](mailto:finaid@ucsd.edu)

Name \_\_\_\_\_ PID# \_\_\_\_\_

Student Status:       Undergraduate       Graduate      Grad Department: \_\_\_\_\_

I did not attend school for six to twelve months during 2015 and was employed during that time. My estimated Income from employment for July 1, 2017 through June 30, 2018 will be less than my 2015 income from employment. **Provide details in #1 below and provide 2016/17 income projections in #3 below.**

Other extenuating circumstances: **Provide details in #1 below and 2017/18 income projections in #3 below.**

**(1)** Fully explain your situation as to how your income from 2015 has changed for 2017/18 and why you cannot meet Your expected student contribution. You may be required to provide further documentation of your circumstances.

**(2)** Estimate source(s) and amount(s) of earnings and other taxed and untaxed income for July 1, 2017 through June 30, 2018. **Estimate – do not write unknown or leave blank.**

	Summer 2017 (7/1/17 - 9/30/17)	School Year 2017-18 (10/1/17 - 6/30/18)
Your expected income from work	\$	\$
Your spouse's expected income from work	\$	\$
Expected other <b>taxable</b> income for self (and spouse if married), specify source(s) _____ <input type="checkbox"/> Check if Graduate income from TA, RA, LA, Assoc	\$	\$
Expected other <b>nontaxable</b> income for self (and spouse if married) specify source(s) _____	\$	\$

I certify that the information above is true and correct. I further certify that any change in my or my spouse's (if applicable) income or benefits for 2017/18 will be promptly reported to the Financial Aid Office.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

<b>FAO Office:</b> <input type="checkbox"/> Approved    Enter LU 21, Adj EFC Reg "Y" <input type="checkbox"/> Rejected	
<input type="checkbox"/> Verified & STRAN via DRT (01/01/20XX) advise student tax return transcript needed.	
2015 AGI _____	Amount of taxable income _____
Untaxed income _____	Recalc taxes _____
Reviewed by: _____	Approved by: _____ Date _____