



If you need assistance with completing this form, please contact our office at 855-278-5080 or [students.asu.edu/contact/financialaid](http://students.asu.edu/contact/financialaid).

**STUDENT INFORMATION**

Last Name	First Name	Middle I.	10-Digit ASU ID	
Local Street Address	City	State	Zip Code	Daytime Phone Number

**This form will not be processed until your financial aid file is complete and you have been awarded financial aid and the first day of the academic year has occurred.**

**INSTRUCTIONS**

- This form will not be processed if any items are left blank or illegible.**
- Use blue or black ink only. Please type or print clearly.
- Attach all required and relevant documentation to this form.
- If clarification of your situation is necessary, additional information or documentation may be required.
- Submit this form by** fax to 480-965-9484, mail to P.O. Box 870412, Tempe, AZ 85287-0412 or **in person to any of the** Financial Aid and Scholarship Services office locations.

**Please Note:** Students with extenuating circumstances that are not listed on this form are encouraged to contact the financial aid office. A financial aid counselor can assess your situation and determine if it warrants a review of the original FAFSA information and /or financial aid awards offer. Changes resulting from this review **do not** guarantee an increase in your aid, **nor** will you be reimbursed for costs incurred.

**SECTION A: REASON FOR REVIEW**

All costs **must** occur during the 2015-2016 academic year (August 2015 – July 2016). Check all the types of expenses you would like to be reviewed.

<input type="checkbox"/> <b>Childcare</b> <ol style="list-style-type: none"> <li>Attach a statement from your childcare provider (on childcare provider's letterhead or notarized letter if provider does not have letterhead) indicating the names and ages of your children in childcare and the <b>weekly</b> cost associated with <b>each</b> child for daycare.</li> <li><b>Attach a detailed letter of explanation concerning all the items below:</b> <ol style="list-style-type: none"> <li>Your relationship to the child(ren) for whom childcare is being provided.</li> <li>The amount you pay weekly for childcare for <b>each</b> child.</li> <li>Whether or not you are qualified for reductions/forgiveness of any of the costs.</li> <li>The duration of the expenditure.</li> <li>Whether or not your spouse is a student at ASU or elsewhere.</li> </ol> </li> </ol>
<input type="checkbox"/> <b>Additional Course Costs of Thesis/Dissertation Expenses</b> <ol style="list-style-type: none"> <li>Attach photocopies or proof of payment for expenses incurred. You may include all expenses for thesis/dissertation costs. Flight students may submit this form <b>before</b> expenses are incurred if you are admitted and registered for professional flight safety courses.</li> <li>Attach documentation to support that these are required supplies/expenses (e.g., a signed statement from your instructor, a copy of the course syllabus, etc.).</li> <li><b>Attach a detailed letter of explanation concerning all of the items below:</b> <ol style="list-style-type: none"> <li>A list of required supplies/expenses.</li> <li>The course names and numbers.</li> <li>Your academic major.</li> </ol> </li> </ol>
<input type="checkbox"/> <b>One-Time Computer Expense</b> (You may request a one-time increase of your cost of attendance for up to \$1500.) <ol style="list-style-type: none"> <li>Attach a photocopy of proof of purchase of a computer (i.e., an itemized invoice or receipt).</li> <li><b>Attach a detailed letter of explanation concerning all the items below:</b> <ol style="list-style-type: none"> <li>The date of purchase.</li> <li>The amount of purchase.</li> </ol> </li> </ol>
<input type="checkbox"/> <b>Healthcare</b> (Medical expenses may be allowed if required for treatment rather than elective care and documented by a physician.) <ol style="list-style-type: none"> <li><b>Attach a detailed letter of explanation concerning all the items below:</b> <ol style="list-style-type: none"> <li>Itemized listing of any healthcare expenses paid since <b>August 20, 2015</b> (for students beginning enrollment in the fall semester) or <b>January 11, 2016</b> (for students beginning in the spring semester) for any medical, dental or optical expenses not covered by your insurance.</li> <li>Identify payments that are on monthly payment plans, include amounts and duration of payments.</li> </ol> </li> <li>Attach copies of paid receipts for all healthcare expenses referenced in itemized list.</li> <li>Attach documentation that verifies if payments are on monthly payment plans.</li> </ol>
<input type="checkbox"/> <b>Extended Family Support</b> (May be allowed if you financially contribute to relatives not counted as a member of your household and extenuating circumstances exist.) <ol style="list-style-type: none"> <li>Attach supporting documentation of payments (e.g., receipts, cancelled checks, etc.).</li> <li><b>Attach a detailed letter of explanation concerning all items below:</b> <ol style="list-style-type: none"> <li>Name, age and relationship of relative(s).</li> <li>Month and year support began and expected date support will end.</li> <li>Dollar amount of monthly support paid by you.</li> <li>Reason for the support.</li> </ol> </li> </ol>

**SECTION B: CERTIFICATION AND SIGNATURE**

**Certification:** I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years.

Student's Signature	Date form was signed
---------------------	----------------------