

**UACCM
REQUEST FOR RECONSIDERATION
BASED ON EXTENUATING CIRCUMSTANCES**

Student Name: _____

Student SSN: _____

Listed below are reasons you may file for special circumstance consideration. Please indicate the one that is applicable to your situation:

- _____ Unusual medical and dental expenses (expenses which exceed 7.5% of Adjusted Gross Income)
- _____ Support of extended family
- _____ Private elementary and secondary school costs; child care and dependent care costs
- _____ Unusual debts
- _____ Income reduction or non-recurring income
 - _____ Student's income _____ Mother' income
 - _____ Father's income
- _____ Divorce or death of parent
- _____ Dependency status

Write a brief description of why your situation should be reconsidered:

Student's Signature

Date

Parent's Signature (Dependent Student Only)

FOR OFFICE USE ONLY:

Approved_____

Denied_____

Adjustments to be made: