

## 2018-2019 SPECIAL CIRCUMSTANCES REQUEST

Student Name: \_\_\_\_\_

\_Student ID Number: \_\_\_\_\_

-	<b>Explaining the situation must be attached to this request.</b> Preferred For verification must complete the verification process prior to this request being
Special Circumstances	Preferred Documentation(s)
<ul> <li>Loss of Employment or Income Reduction</li> <li>Student</li> <li>Spouse</li> <li>Parent(s)</li> </ul>	<ul> <li>Person's last paycheck stub showing year-to-date earnings</li> <li>Proof of unemployment or lay-off</li> <li>Proof of change in jobs</li> <li>Employment Security Statement</li> <li>Proof of Severance or pension income, if any</li> <li>Proof or retirement</li> <li>Loss of child support</li> <li>Loss of disability support</li> </ul>
Death/Separation/Divorce	<ul> <li>Death certificate or obituary notice</li> <li>Final divorce decree</li> <li>Signed attorney statement with date of separation</li> <li>Copy of legal separation document</li> </ul>
Other	<ul> <li>Copies of insurance Explanations of Benefits (EOB) for out-of-pocket medical expenses</li> <li>Proof of out-of-pocket payment for other extenuating circumstances</li> </ul>
certify that all information provided is true and complete to the notified via NGU email of the result of this request.	best of my knowledge. <b>Incomplete requests will be denied.</b> Students will be
student Signature:	Date:
Office Use Only  Approved Denied Financial Aid Administrator:  Old EFC New EFC  Data element adjustments and comments:	Date: