

**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:

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\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (Dependent Student Only)

FOR OFFICE USE ONLY:

Approved\_\_\_\_\_

Denied\_\_\_\_\_

Adjustments to be made: