

2023-2024

REQUEST FOR SPECIAL CIRCUMSTANCE REVIEW

studer	it's Name: CWID: A
pouse our f	eligibility for Federal Student Aid was determined using the 2021 income tax information for you, your e (if married) or your parent's, if dependent. If you are requesting a review based on a change in your or family's financial situation, please complete this form. Please allow the Financial Aid & Scholarship at least <u>fifteen business days</u> to review your request.
he stu	the box that best describes the situation that created a change in the student and/or spouse, if married or ident's parents, if dependent, financial situation and supply the necessary supporting documentation. Exercircumstances exist, provide a detailed statement and attach it to this document.
	You and/or your spouse worked in 2021, but lost his or her job in 2022 or 2023.
	You and/or your parent, who earned money in 2021, have lost his or her job in 2022 or 2023.
	You have already applied for federal student aid and, since then, you and your spouse (if married) or your parents (if dependent) have separated or divorced. Write in the date of your separation or divorce and attach a copy of legal documentation. Date/
	You have already applied for federal student aid and, since then, your spouse (if married) or your parent (if dependent) has died. Write in the date that your spouse or parent died and attach a death certificate.
	Date/
	Medical costs <u>paid</u> in 2021 not covered by medical insurance. You must submit proof of payment for all medical bills and your insurance provider's explanation of benefits indicating what costs covered by medical insurance.
	Other:

2023-2024 Family Size Verification Form

* Instructions for DEPENDENT students:

In the chart below, list the people that your parent(s) will support between July 1, 2023 and June 30, 2024. Include yourself and your parent(s), including stepparent, even if you don't live with your parents. Include your parent's other children, even if they don't live with your parent(s), if (a) your parents will provide more than half of their support from July 1, 2023 through June 30, 2024, or (b) the children would be required to provide parental information when applying for Federal Student Aid. Also, include other people if they now live with your parents and your parents provide more than half of their support and will continue to provide more than half of their support from July 1, 2023 through June 30, 2024.

* Instructions for INDEPENDENT students:

In the chart below, list the people that you (and your spouse) will support between July 1, 2023 and June 30, 2024. Include yourself, your spouse, and your dependent children (if you provide more than half of their support.). You may include other people if they now live with you, and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2023 through June 30, 2024.

Write the names of all family members, including yourself. Also, write in the name of the college for any family member who will be **attending college at least half-time** between July 1, 2023 and June 30, 2024, and will be enrolled in a degree or certificate program. If you need more space, attach a separate page.

Family Member's Name	Age	Relationship to Student	(do not include parents)
Student's <i>Signature</i>		CWID (Campus Wide 1.D.)	Date
Parent's Signature (for depen	dent studen	ts only)	 Date

NO DIGITIAL OR ELECTRONIC SIGNATURES

Documentation Checklist & Certification

Documentation Checklist: Please ensure that the following documentation accompanies this form **BEFORE** you submit it to the Office of Financial Aid & Scholarship:

Independent Student										
☐ Student and/or Spor										
Dependent Student										
□ Parent *2021 IRS T □ Student 2022 IRS T	Tax Return Transcript with Wax Form	2's 2's 's	ed to submit	if IRS DRT w	vas successfu'	lly utilized				
CERTIFICATION:										
knowledge, my total fami required documentation list processing substantially de STUDENT'S SIGNATURE (Electronic procession)	this form is true and completely income for 2021 is \$	I un ecklist above migh Date Date	derstand t cause r	that failumy reques	re to pro	ovide the				
Return complete for	orm and documentati	on to:								
	OSU-OKC Financi 900 N Portland Avo Oklahoma City, Ok	enue	ip Office							
OFFICE USE ONLY:	Action Taken:	Г	Date	1	/					
Comments:										
Revised EFC:	FA Counselor's Sig	gnature:				Rev. 4/23				