



AUGUSTA UNIVERSITY

2024-2025 Special Circumstances Request

Office of Student Financial Aid
Fanning Hall- Summerville Campus
1120 15th Street, Augusta, GA 30912
Phone: 706-737-1524 Fax: 706-737-1777
osfa@augusta.edu
www.augusta.edu/finaid

NAME: _____

STUDENT ID: _____

DATE: _____

Please complete this form if something in your financial situation has changed significantly since you filed your FAFSA for 2023-2024. If you are a dependent student, it will be necessary for you to provide income information for both you **and** your parent(s).

Documentation and a signed letter from the student explaining the situation must be attached to this request. An additional letter from the parent providing clarification may also be provided. Preferred documentation examples are provided below. Students selected for verification must complete the verification process prior to this request being reviewed.

A signed copy of the 2023 federal tax return and W-2's is required in addition to other documentation (i.e., letter from employer, etc.) for situations that involve income loss. If 2024's income is greatly reduced, a copy of the most recent paystub is required.

Special Circumstances	Preferred Documentation (s)
<input type="checkbox"/> Loss of Employment or Income Reduction <ul style="list-style-type: none"> <input type="radio"/> Student <input type="radio"/> Spouse <input type="radio"/> Parent (s) 	<ul style="list-style-type: none"> ✓ Person's last paycheck stub showing year-to-date earnings ✓ Proof of unemployment or lay-off ✓ Proof of change in jobs ✓ Employment Security Statement ✓ Proof of Severance or pension income, if any. ✓ Proof of retirement ✓ Loss of Child Support ✓ Loss of Disability Support
<input type="checkbox"/> Death/Separation/Divorce <ul style="list-style-type: none"> <input type="radio"/> Student <input type="radio"/> Spouse <input type="radio"/> Parent (s) 	<ul style="list-style-type: none"> ✓ Death certificate or obituary notice ✓ Final divorce decree ✓ Signed attorney statement with date of separation ✓ Copy of legal separation document
<input type="checkbox"/> Other	<ul style="list-style-type: none"> ✓ Copies of insurance Explanations of Benefits (EOB) For out-of-pocket Medical Expenses ✓ Proof of out-of-pocket payment for other extenuating circumstances

Documentation can be submitted by fax (706-737-1777), email (osfa@augusta.edu), or in person (Fanning Hall). Please include the student's name and student ID # on all documents.

I certify that all information provided is true and complete to the best of my knowledge. **I understand that additional documentation may be requested.** Students will be notified via Augusta University Email of the results of this request.

Signature: _____ Date: _____