



**Office of Scholarships & Financial Aid**

1303 San Jacinto, Suite 246  
Houston, Texas 77002  
Voice: 713.646.1820 Fax: 713.659-3807

**Special Circumstance Form**

**Directions:** Complete and submit all appeal documentation to the Financial Aid Office, at the address given above. **We will make every effort to reply to your application within 20 days of receipt.** Replies may take longer during peak processing time. **Submission of this form does not guarantee approval. Incomplete appeals that do not contain supporting documentation will be returned.**

**A. Name:** \_\_\_\_\_  
Last First Middle

**Student G#:** \_\_\_\_\_

**B. Reason for Budget Increase**

\_\_\_\_\_ **Paid** medical care expenses      \_\_\_\_\_ One-time computer expense  
\_\_\_\_\_ **Paid** major car repair

**C. Requesting Budget Increase for:** \_\_\_\_\_ Semester      \_\_\_\_\_ Academic Year

**D. Written Documentation**

Please attach a detailed typed statement of your request for an appeal of your budget and attach documentation that may apply to your appeal i.e. Original receipts for car repairs, medical prescriptions or bills.

**Student Certification**

To the best of my knowledge, the information in this appeal is true. I understand that misrepresentation of facts in connection with this appeal, whenever discovered, may be sufficient cause for cancellations and/or repayment of financial aid.

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Signature

Date