

## SPECIAL CIRCUMSTANCES REQUEST

NAME

N U I D N u m b e r

DATE

<p><b>TABLE 1: UNUSUAL MEDICAL AND DENTAL EXPENSES</b>(for students, students with families, parents of dependent students)</p> <ol style="list-style-type: none"> <li>1. Attach documentation of medical and dental expenses not covered by insurance.</li> <li>2. Please explain any continual medical expenses which are not covered by insurance (i.e. insulin/diabetic supplies; prescriptions; expenses which you incur on a monthly, quarterly basis). Attach documentation of continual expenses.</li> <li>3. Do you have anticipated medical expenses for the ensuing academic year? (Dental work, eyeglasses, maternity costs not covered by insurance, etc) These costs must be documented with written estimates from a health care provider or receipts of recent payments for care.</li> <li>4. Braces for you or your family will not be considered.</li> </ol>
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**TABLE 2: DEPENDENT CHILD CARE EXPENSES** (for students with families) You have indicated that you will incur additional dependent care expenses during the academic year. Federal regulations give the Office of Financial Aid the ability to adjust a student's budget based on additional expenses such as dependent care. If you wish to have your application reviewed to determine if there is additional need based on dependent care expenses, please complete the information below.

NAME OF CHILD	AGE	RELATIONSHIP	CHILD CARE EXPENSE	CHILD CARE PROVIDER ADDRESS	CHILD CARE PROVIDER PHONE #	CHILD CARE ENROLLMENT DATE
			\$ Week or Month			

SIGNATURE OF CHILD CARE PROVIDER:	PRINTED NAME	DATE
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**TABLE 3: ONE TIME EXPENSE-These expenses must be directly related to the cost of your education. Computer-up to \$2,500 once during your education at UNMC. Unexpected car expenses incurred during your academic year. Scheduled maintenance, oil change, tires, tax and licensing etc. will not be reimbursed. Expenses incurred during summer periods of non-enrollment will not be considered.**

1. List the one time expense and attach documentation of payment for services.			
EXPENSE	METHOD OF PAYMENT/Credit Card/ Check	COST	DATE OF EXPENSE

Other--Please explain in detail any other circumstance you would like to be reviewed. Attach documentation to support your request.

## SPECIAL CIRCUMSTANCE FORM:

*Section 479(A) of the HEA (Higher Education Act) states that adjustments may be made to the cost of attendance, or the data items required to calculate the expected student or parent contribution (or both) to allow for treatment of an individual eligible applicant with special circumstances.*

The Family Education Rights and Privacy Act of 1974 (FERPA) is a Federal law which provides that an institution will maintain the confidentiality of student education records. The University of Nebraska Medical Center accords all rights under the law to students who have reached the age of majority (Nebraska, age 19). No one outside the University shall have access to nor will the University disclose any information from a student's educational record without the written consent of the student. The Office of Financial Aid will not disclose financial aid information to anyone outside the University without written consent from the student. PLEASE share this information with your family members.

### **UNMC will make documented adjustments in accordance with the following policies and procedures:**

ALL SPECIAL CIRCUMSTANCES requests must be submitted prior to 30 days of the close of the academic year.

Cost of attendance or adjustments to data elements used to calculate EFC will be reviewed upon completion of the attached SPECIAL CIRCUMSTANCES FORM.

All necessary documentation verifying the request must be attached to the SPECIAL CIRCUMSTANCES FORM for review (medical receipts, documentation of loss of employment, child care expenses, etc).

Reviews will be conducted by the administrative staff of the Financial aid Office.

Students will be notified of the results of the review within 10 days of receipt of the requested documents. Reviews will not be granted on a walk in and wait environment.

Unusual medical and dental expenses will be considered for the immediate past academic year for all continuing UNMC students. Past medical and dental expenses will not be considered for entering UNMC students. On going or unexpected medical and dental expenses will be considered at any time during the academic year provided that 30 days remain in the academic year.

Child Care expenses may be provided for up to 50% of the cost. The actual amount provided will depend on the cost of child care and spouse/student income. These expenses will be provided to full time single students or full time students with a working spouse. Child care expenses for personal reasons (night out, shopping with out the kids) will not be considered.

Care expenses for a dependent with special needs will be considered for the following: day care, elementary/secondary school tuition for enrollment in special needs programs, medical expenses.

Unusual or one time expenses will be considered provided they have been incurred out of necessity rather than discretionary purchases. The following are some examples of unusual or one time expenses: automobile repair (unexpected expenses-routine expenses will not be reimbursed, oil change/tires/etc.); additional books and equipment for course work provided the purchase is endorsed by your academic advisor. Computer and any accessories-one time during education at UNMC-up to \$2,500-receipt must be provided. Purchase must occur during an academic year or summer immediately preceding an academic year.

**Credit card debt will not be considered.**

*Student Signature*

*Date*

### **OFFICE OF FINANCIAL AID USE ONLY**

Date Received

Date Reviewed

Decision

Notification Sent to Student