

<b>Student Name</b>	<b>ID #</b>
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Please complete form in blue or black ink. Incomplete forms will not be accepted.

It appears that you or your family may have experienced an unusual circumstance which could change your ability to contribute to your educational expenses. The information reported on your FAFSA may not accurately reflect your current ability to finance your education. This re-evaluation is not an assurance that you will qualify for aid, or if already eligible, will qualify for additional aid. Furthermore, any new award amount would be contingent upon the availability of funds at the time this re-evaluation is made.

If your circumstances fall within one or more of these criteria, please follow these instructions:

- (a) Medical expenses paid were in excess of 11% of Adjusted Gross Income
- (b) A one-time withdrawal from a pension fund for emergency purposes in 2015
- (c) A rollover from one pension fund to another in 2015
- (d) A one-time gain that was reported in your 2015 Adjusted Gross Income but will not reoccur

**1. FURNISH THIS OFFICE WITH SUPPORTIVE DATA FROM OUTSIDE SOURCES**

For example, for excessive medical expenses, include receipts of all medically-related expenses paid in the FAFSA-reported year for the family. Include all receipts that meet the IRS definition of approved medical expenses. Subtotal each type of expense (prescription co-pays, insurance premiums, etc.) and provide total paid for the calendar year. The amount paid in excess of 11% may be eligible for removal through professional judgment.

**2. ONE TIME GAIN or ROLLOVER EXPLANATION**

Provide a copy of past year's Federal 1040 form showing record of funds in the AGI and a detailed explanation of the one time use of the funds. Provide written proof of how the funds were used with receipts. For example, if the early pension payout was used to cover living expenses during a period of unplanned or extended unemployment, provide documentation of early job termination and copies of expenses paid with the funds withdrawn from the pension account.

**3. COMPLETE THIS FORM AND SUBMIT WITH APPROPRIATE DOCUMENTATION**

Allow 3-4 weeks for review of this request. If you have any questions concerning this form, its completion and/or the supportive data required, please contact the LSSU Financial Aid Office at 1-888-800-LSSU or (906) 635-2678.

Student's Signature	Date	Parent or Spouse's Signature	Date
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<b>OFFICE USE ONLY</b>		<input type="checkbox"/> <b>APPROVE</b>
_____ <b>Director's Signature</b>	_____ <b>Date</b>	<input type="checkbox"/> <b>DISAPPROVE</b>

<b>Internal use ONLY</b> Reviewed: _____ Scanned: _____
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WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

<b>RETURN FORM with attachments to:</b> Lake Superior State University Financial Aid Office 650 West Easterday Avenue Sault Ste. Marie, MI 49783-1699 Phone: 906-635-2678 Fax: 906-635-6669
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