



FLORIDA STATE UNIVERSITY
Office of Financial Aid

Name: _____

EMPLID: _____

Date: _____

STUDENT ONLY
2020–2021 Special Circumstance—Emergency Medical Expense (FASPME)

Approved Special Circumstances do not guarantee any additional aid will be awarded.

During high-volume processing times (i.e., the spring-term months of December and January; the summer-term months April and May; and the fall-term months of July and August), the estimated time frame for review is 6 to 8 weeks. During standard (off-peak times), the review will be completed within 15 business days.

This application is for medical expenses **not** covered by insurance. Your doctor or dentist has determined this procedure is an emergency whose corresponding procedure must be performed at this time. Please complete the information below:

Medical Condition: _____

Treating Physician: _____

Physician's Address _____

Physician's Phone: _____

Please attach the following required documents to this application when you submit it for consideration:

- Physician's Statement
- Copies of payment receipts
- Your student statement describing the situation.

I/We certify that the information listed above is correct to the best of my/our knowledge.

Student Signature

Date

Parent Signature

Date