Name:



FLORIDA STATE UNIVERSITY Office of Financial Aid

EMPLID:			

Date: ____

STUDENT ONLY

2021–2022 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 summerterm 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

Florida State University's Use of Social Security Number policy is available at http://registrar.fsu.edu/bulletin/undergraduate/information/university_notices/ 282 Champions Way | P.O. Box 3062430 | University Center A4400 | Tallahassee, FL 32306 Phone: 850-644-0539 | Fax: 850-644-6404 | Email: OFACS@fsu.edu www.financialaid.fsu.edu