



FLORIDA STATE UNIVERSITY  
Office of Financial Aid

Name: \_\_\_\_\_

EMPLID: \_\_\_\_\_

Date: \_\_\_\_\_

**STUDENT ONLY**  
**2022–2023 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