

2024-2025 Cost of Attendance Adjustment Special Circumstance

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

Student Information

Full Name (First, MI, Last): _____

Date of Birth: _____ FSU ID/EMPLID: _____

This application should be used **AFTER** the 2024-2025 Free Application for Federal Student Aid (FAFSA) has been submitted.

Each request for a special circumstance review is evaluated on an individual basis.

During high-volume processing times, the spring-term months of December and January, the summer-term months of April and May, and the fall-term months of July and August, the estimated time frame for review is 4 weeks.

During standard (off-peak times), the review will be completed within 15 business days.

A school’s student attendance cost includes tuition/fees, food and housing, books, transportation, and personal expenses. Schools are permitted to use either the student’s actual costs for each component or costs paid by the average student.

Adjustments for special circumstances can be made to the cost of attendance should the student have unexpected costs.

Educational Expenses: Student Only

Please select the situation that applies below and provide supporting documentation.

A. Cost of a Computer	This is a one-time-only consideration (cannot be used annually for upgrade/replacement).
B. Required Item by Department	Some majors require purchasing items that are not accounted for in the average student’s Cost of Attendance.
C. Housing Expenses	Housing Expenses that exceed the amount allotted for the academic term.
D. Dependent Care Expenses	This includes Childcare and Special Dependent Care expenses.
E. Medical/Dental Expenses	This includes medical/dental expenses that are NOT covered by insurance. Your doctor/dentist has determined that this procedure is an emergency, and the corresponding procedure must be performed at this time.
F. Tuition Expense Adjustment	When the tuition cost is higher than the budget has listed.

Required Documentation:

Please provide the required supporting documentation and information.

A. Cost of Computer

For the computer cost, this is a one-time-only consideration (cannot be used annually for upgrade/replacement). An increase in the cost of attendance does not guarantee additional aid. The computer must be purchased before consideration, as a receipt is required.

Computer Cost:	
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1. Store Receipt
2. Credit Card Statement
3. Copy of Department Requirement

B. Required Item by Department

Some majors require purchasing items that are not accounted for in the average student's Cost of Attendance.

Department:	
Program of Study:	
Item Cost:	

1. Store Receipt
2. Credit Card Statement
3. Copy of Department Requirements or Syllabus

C. Housing Expenses

Housing Expenses that exceed the amount allotted for the academic term.

1. A copy of the lease agreement with your name, address, and monthly rent amount listed.
2. Receipt of payment for the past four months.

D. Dependent Care Expenses

This includes childcare expenses during the academic year, child/children required to attend a particular school for medical, emotional, or physical reasons; extended elderly care, or special disabled/handicapped care expenses for family members.

Dependent's Name	Age	Relationship to Student	Monthly Expense
			\$
			\$
			\$
			\$

1. Childcare Expenses

1. Proof of registration at the childcare facility.
2. Receipts of payment to the childcare facility.
3. Itemized statement of cost on letterhead by childcare facility.

2. Special Dependent Care Expenses

1. Statement from Parent (Or student is independent), explaining circumstance(s) and listing expenses.
2. Billing Statements (rent, utilities, phone, etc.)
3. Proof of family member registered at the facility.
4. Paid receipts or statements on facility letterhead of all charges.
5. Physician's signed statement explaining the condition.

E. Medical/Dental Expenses

This includes medical/dental expenses NOT covered by insurance. Your doctor/dentist has determined that this procedure is an emergency, and the corresponding procedure must be performed at this time.

Treating Physician/Dentist:	
Physician's/Dentist's Address:	
Physician's/Dentist's Phone Number:	

1. Physician/Dentist's Statement.
2. Copies of payment receipts.
3. Student's statement describing the situation.

F. Tuition Expense Adjustment

Semester to be Evaluated:	
Hours of Enrollment:	

Please list the amount of additional tuition beyond the normal charge for tuition and fees:

Auxiliary Tuition Fees:	\$
Total of Additional Tuition:	\$

Please Read and Certify the Following:

- I certify that the submitted information is true and correct to the best of my knowledge.
- I have read each section and provided the appropriate required documentation.
- I understand that I may be contacted if further information is needed.
- I understand that if I **DO NOT** provide supporting documentation, no further action will be taken on this request by the Office of Financial Aid.

Parent Signature (No Electronic Signatures): _____ **Date:** _____

Student Signature (No Electronic Signatures): _____ **Date:** _____