



FLORIDA STATE UNIVERSITY  
Office of Financial Aid

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

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

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

**2023–2024 Special Circumstance—Non-Elective Dental/Medical Expenses (FASPDMO)  
(NOT COVERED BY INSURANCE)**

***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.**

According to the Federal Needs-Analysis formula, you have already reached the allowed 7.5% of the family adjusted-gross income for dental and/or medical expenses.

Expenses **not** covered by insurance, and that are above the 7.5% allowance, may be considered for recalculation and revision of Estimated Family Contribution (EFC).

Amount of dental/medical expenses paid out of pocket in 2021 (NOT paid by insurance) \$ \_\_\_\_\_

Amount of dental/medical expenses paid out of pocket in 2022 (NOT paid by insurance) \$ \_\_\_\_\_

Below are the required documents to be attached to this application when submitted for consideration.

- 2021 Federal Tax Return Transcript
- 2021 (signed) Federal Tax Return with Schedule A-Itemized Deductions
- Paid receipts of all payments NOT covered by insurance

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

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date