



SAN DIEGO STATE
UNIVERSITY

A Request for Review, with all documentation, must be submitted by 3 p.m. of the **deadline date** for the academic term you are attending.

Attending fall 2020 — by November 16, 2020

Attending spring 2021 — by April 14, 2021

Attending summer 2021 — by July 9, 2021

Instructions for 2020-21 Student Request for Review

This form is provided in response to your request to have your financial aid eligibility for the 2020-21 academic year reviewed due to special circumstances not addressed on your Free Application for Federal Student Aid (FAFSA) or your California Dream Application. Special circumstances that may warrant review include, but are not limited to —

- the loss of a job or a substantial reduction of income for you or your spouse;
- death, divorce or separation that occurred after submitting the FAFSA or California Dream Application;
- income received in 2018 that you did not receive in 2019 or 2020;
- significant and/or recurring documented medical expenses not covered by insurance; and/or
- loss due to natural disaster not covered by insurance (damage from earthquake, flood, or fire).

Required Information

Submit the following information with this form —

- A signed letter clearly explaining your special circumstances with documentation appropriate to your situation as described in the sections that follow.
- A 2018 and 2019 IRS Tax Return Transcript and W-2 form(s) for you and your spouse, if married. Submit a 2018 IRS Tax Return Transcript with this appeal even if you have already provided one as part of the verification process for your 2020-21 FAFSA or California Dream Application.

To order a free IRS Tax Return Transcript, go to irs.gov and follow the directions for requesting a transcript.

Information Specific to Your Situation

Loss or significant reduction of income and/or benefits

- Date employment ended or changed and why; reason you will not be able to work at least part time; your plan for summer school and/or summer work. Willfully ceasing employment is not typically considered for appeal purposes in the absence of special or unusual circumstances.
- If you are not currently employed but expect to look for employment, or you will work fewer hours, report the gross amount you anticipate earning in the “Estimated Income” section on page 2.
- Photocopies of your and your spouse’s (if married), last or most recent paycheck stub(s) showing year-to-date earnings.
- Photocopies of current official documentation of unemployment compensation, disability insurance, severance pay, retirement pension pay out, and/or other documentation appropriate to your situation.

Separation/divorce

- Date of separation/divorce, names and ages of current household members, monthly amount of child support and/or spousal support and when payments begin.
- If you no longer receive child support for one or more of your children, specify date(s) the child support ended, how many children in your household will continue to receive child support, and how much you will receive each month.

Income received in 2018 that you did not receive in 2019 or 2020

- Examples include: loss of child or spousal support, capital gains from the sale of property or investments, severance pay, or other income you did not receive in 2019 or 2020.
- Report the type and amount of income received in 2018 and where that income is now.

Significant and/or recurring medical, dental or nursing home expenses not covered by insurance for family members in your household

- Photocopies of billing statements from the medical, dental or nursing home provider(s), an explanation of why these expenses are not covered by insurance, and proof of payment (e.g., credit card statements, copies of canceled checks, bank account withdrawals, etc.) for expenses paid out of pocket in 2018.
- A copy of Schedule A from your 2018 and 2019 personal federal income tax returns.

Loss due to natural disaster not covered by insurance (damage from earthquake, flood, or fire)

- Description of the situation and documentation to substantiate the claim (e.g., a copy of the FEMA disaster assistance form, insurance appraisal, etc.).

TO EXPEDITE DELIVERY -
Scan and upload completed form on
AidLink.

Use the "Load Documents" option
on the home page.

Load Documents

Please upload your Financial Aid and
 Scholarship documents



SAN DIEGO STATE
UNIVERSITY

Office of Financial Aid and Scholarships
 5500 Campanile Drive
 San Diego, CA 92182-7436
 Telephone: 619-594-6323
 Web: sdsu.edu/financialaid

FILL IN STUDENT INFORMATION

Last Name _____
 First Name _____
 Telephone Number _____
 SDSU Red I.D. Number _____

2020-21 Student Request for Review Form

Read the instructions on page 1 for information and documentation you must submit with this completed form.
DO NOT LEAVE ANY ITEM BLANK — IF AN ITEM DOES NOT APPLY — WRITE "0"

Estimated Gross Income Earned from Employment

	Student	Spouse (if married)
2019 earnings: January 1, 2019 - December 31, 2019	\$	\$
Estimated 2020 earnings: January 1, 2020 - December 31, 2020	\$	\$

Other Income

Estimate your income from sources other than employment. *We will assume that you are receiving the income you list for the full 12-month calendar year 2019 unless you specify dates. Be sure to attach a signed letter clearly explaining the amounts you list on this form along with documentation appropriate to your situation.*

	Effective dates (start and end dates) Month / Year	Student	Spouse (if married)
Child support for all children - if ending for one or more of your children, also explain in your signed letter		\$	\$
Severance payment(s) from previous employer(s)		\$	\$
Housing, food and other living allowances paid to members of the military (such as BAS), clergy and others, (including cash payments and cash value of benefits).		\$	\$
Veterans noneducation benefits, such as Disability, Death Pension, or Dependency & Indemnification Compensation (DIC) and/or VA Educational Work-Study allowances.		\$	\$
Other income not reported, such as workers' compensation, disability, alimony, investment income, etc. Indicate source(s):		\$	\$

I certify the information reported on and attached to this form, is correct to the best of my knowledge and belief. If asked, I will provide additional information or documentation of my special circumstances. If my financial situation changes after I submit this form, I will notify the Office of Financial Aid and Scholarships immediately.

Student Signature _____ **Date** _____ **Daytime telephone number** _____