



# 2009-2010 SPECIAL CIRCUMSTANCES

This form may be submitted until April 15, 2010.

Name \_\_\_\_\_ Student ID: R \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

University E-Mail \_\_\_\_\_@unr.nevada.edu Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Directions:**

1. Complete the applicable circumstance box. Do not leave any lines blank that pertain to your request. Each condition states the documentation that must be attached. Submit copies only - documents will not be returned.
2. Attach a detailed explanation of your situation with the documents.
3. Any form submitted without complete and accurate documentation will be denied.

Loss of a benefit or Untaxed Income (does not include employment)  
 List Benefit or Untaxed Income Source \_\_\_\_\_  
 Date of Benefit or Income Loss \_\_\_\_\_  
 Amount Received in 2008 \_\_\_\_\_  
 Required Documentation: Termination letter from the provider/agency

Separation or Divorce: Student is:    Dependent    Independent  
 Required Documentation: 1) Separation or divorce papers, 2) a complete copy of the 2008 tax return and 3) all 2008 W2 forms

Death  
 Name of the Deceased \_\_\_\_\_  
 Relationship to Student \_\_\_\_\_  
 Required Documentation: 1) Copy of the death certificate, 2) a complete copy of the 2008 tax return and 3) all 2008 W2 forms

Private School Tuition  
 Elementary/Secondary private school tuition: \$ \_\_\_\_\_ per year  
 Names of children: \_\_\_\_\_  
 Required Documentation: Copy of tuition bill or statement for 2008 or 2009 fiscal year

Extraordinary Medical or Dental Expenses: Major medical or dental not covered by insurance: \$ \_\_\_\_\_  
 In which year did the expenses occur (check one): 2008    2009  
 Required Documentation: Please submit itemized statements from medical provider and/or insurance company, and/or receipts for your paid portion. Please circle the portion that was paid out-of-pocket on each statement or receipt. A copy of the Itemized Deductions from your 2008 tax return is also acceptable. For an independent student, the medical/dental must fall within academic year if you are requesting a budget increase to help pay for the expenses.

Natural Disaster: Natural Disaster Damages Not Covered by Insurance: \$ \_\_\_\_\_  
 Required Documentation: Itemized statements from medical provider and insurance company, and receipts for your paid portion.

Office Use Only:    Approved    Denied    Pending \_\_\_\_\_  
 FA Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Action: \_\_\_\_\_