

Special Circumstances Request

Use this form to report changes in medical or educational expenses. Print and return this completed and signed form, a personal statement, and supporting documentation to the University of Texas School of Law Financial Aid Office in person or via email at LawFinAid@law.utexas.edu. Please refer to the *Required and Supporting Documentation Checklist* on page 2.

Student Name: _____ UT EID: _____

PERSONAL STATEMENT *Required for all Special Circumstances Requests.* Submit a personal statement describing your special circumstances (written legibly or typed). Include a narrative of the events that occurred (including dates) and how they have impacted your ability to help pay for law school. **Include the total amount for which you are seeking a budget adjustment.**

MEDICAL EXPENSES Include medical and dental expenses for yourself that are not covered by insurance or reimbursed by a third party. Do not include insurance premiums. For reimbursement of health insurance premiums, please contact the School of Law Financial Aid Office.

What condition prompted the need for medical assistance? _____

Total medical expenses **paid** in the most recent 12-month period: \$ _____

If ongoing treatment is required, how long is the treatment expected to continue? _____

What are your expected future monthly medical expenses? \$ _____

For large outstanding balances, have you made payment arrangements with your providers? _____

If so, with whom? _____ Amount per month? \$ _____ Duration of agreement: _____

OTHER EDUCATION EXPENSES Your financial aid cost of attendance already includes budget allowances for basic room & board, average textbooks, and personal/miscellaneous expenses. Standard living expenses (rent/mortgage, utilities, cable, Internet), credit cards, cell phones, car/home repairs, parking permits, vacations, or charitable contributions, etc. cannot not be considered.

Above average expenses for textbooks/required supplies: \$ _____ *i.e.: \$475.00 or more per semester.*

Student educational loan payments: \$ _____

Other: \$ _____ Explain: _____

CERTIFICATION SIGNATURE(S) *Required for all requests.*

I certify that all information provided (including my personal statement and any documentation) is authentic, complete, and accurate.

Student Signature: _____ Date: _____

Special Circumstances Request Required and Supporting Documentation Checklist

Review the checklist(s) below to determine what types of acceptable supporting documentation you need to submit with your Special Circumstances Request. Student name and UT EID are required on all submitted documents. Submit unaltered photocopies of your documents. Originals will not be returned to you.

PERSONAL STATEMENT - REQUIRED FOR ALL REQUESTS

A personal statement describing the circumstances you are appealing (written legibly or typed) must be submitted. Include a narrative of the events that occurred (including dates) and explain how they have impacted your ability to help pay for law school. **Include the total amount for which you are seeking a budget adjustment.**

MEDICAL EXPENSES

Out of pocket medical expenses less than \$2,500/year typically will not impact financial aid eligibility. Submit documentation of medical expenses incurred during the most recent 12-month period only.

- **REQUIRED:** Receipts showing out-of-pocket payments made for medical bills, insurance claim history /summary.
- **REQUIRED:** Expected monthly expenses from ongoing treatment: billing statements, etc.

OTHER EDUCATION EXPENSES

- Above average books/supplies: receipts, course syllabus, or instructor letter.
- Educational loan payments: most recent loan repayment billing statement.
- Other: Documents clearly identifying the source and amount of the expense. Include receipts.

BUDGET WORKSHEET

Any request for additional living expenses requires the budget worksheet and all required documentation outlined above.

* Please include receipts, billing statements, invoices, and lease agreements to substantiate your request.

FIXED		DAY TO DAY		LARGE/IRREGULAR (CTD)	
Living		Food	_____	Celebrations	
ITEM	COST	Gas	_____	Seasonal holidays, birthday gifts, baby showers _____	
Rent/ Mortgage	_____	Entertainment	_____	Travel	
Renters or Homeowners Insurance	_____	Clothes	_____	Conferences, job interviews, travel home for winter/ summer break, or vacation flight/ hotel _____	
Average Utility Cost	_____	Small Gifts	_____	Other	
Other insurances		LARGE/IRREGULAR		Tuition, books, bar exam review, bar exam, The Big Ticket, concerts, events, electronics _____	
Car Insurance	_____	Medical			
Health Insurance	_____	Doctor	_____		
Disability Insurance	_____	Prescriptions	_____		
Life Insurance	_____	Other	_____		
Services		Car Maintenance			
Cell phone	_____	Registration/ inspection	_____		
Cable	_____	Tires	_____		
Internet	_____	Air filter	_____		
Gym	_____	Oil change	_____		
Debt Repayment		Living			
Car loan	_____	Furniture	_____		
Credit Card 1	_____	Appliances	_____		
Credit Card 2	_____	Toiletries	_____		
		Household Items	_____		
				Total Monthly Expenses:	
				\$ _____	