Appeal for Special Circumstances Medical/Dental Expenses Paid

PID ________________________ Last Name ________________________ First Name ________________________

If you have or had unusual medical/dental expenses paid by your parents during the calendar year
(January - December) 2019, you may request an appeal for special circumstances by providing the information below.

EXPENSES FOR (indicate a single calendar year) January - December 2019:

1. Please provide an explanation of medical or dental expenses below.
2. Submit a copy of parent's 2019 Tax Return OR
   Provide an itemized list of amounts, dates paid and to whom payments were made
   for the calendar year 2019 medical/dental expenses and attach copies of bills/statements.
3. Amount of medical/dental expenses for 2019 $_______________
4. Amount of insurance reimbursements received for 2019 $_______________

EXPLANATION OF SPECIAL CIRCUMSTANCES:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Parent’s Name (Print) : ________________________________________________________________
Parent’s Signature: ________________________________________ Date: _________________

RETURN THIS FORM WITH ALL REQUIRED DOCUMENTS TO:
UC San Diego Financial Aid and Scholarships, 9500 Gilman Drive, La Jolla, CA 92093-0013 or FAX 858-534-5459

For Office Use: [ ] Approved amount of Expenses $__________________
FAO Signature: ______________________________ Date: _________________