Your student contribution for the 2020-2021 academic year is based on 2018 calendar year income. If 2018 income does not accurately reflect your current financial situation, you may request reevaluation of your contribution by completing the information below. You will be notified via an award notification if your student contribution is revised.

For graduate students, please be aware that if you will be receiving an assistantship (teaching, research, associate, language, etc.) include the award amount in your July 1, 2020 through June 30, 2021 income below.

Return documents to: UC San Diego FAS, 9500 Gilman Drive Dept 0013, La Jolla, CA 92093-0013, fax to 858-534-5459 or scan/email to finaid@ucsd.edu

PID_________________________ Last Name_________________________ First Name_________________________

Student Status: ☐ Undergraduate ☐ Graduate Grad Department:_______________

☐ I did not attend school for six to twelve months during 2018 and was employed during that time. My estimated income from employment for July 1, 2020 through June 30, 2021 will be less than my 2018 income from employment. Provide details in #1 below and provide 2020/21 income projections in #2 below.

☐ Other extenuating circumstances: Provide details in #1 below and provide 2020/21 income projections in #2 below.

(1) Fully explain your situation as to how your income from 2018 has changed for 2020/21. You may be required to provide further documentation of your circumstances.

_______________________________________________________________________________________________________________________

____________________________________________________________________________

(2) Estimate source(s) and amount(s) of earnings and other taxed and untaxed income for July 1, 2020 through June 30, 2021. Estimate – do not write unknown or leave blank. Enter 0 if it does not apply to you.

<table>
<thead>
<tr>
<th></th>
<th>Summer 2020 (7/1/20 - 9/30/20)</th>
<th>School Year 2020-21 (10/1/20 - 6/30/21)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your expected income from work $</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Your spouse’s expected income from work $</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Expected other <strong>taxable</strong> income for self (and spouse if married), (specify source(s)) $</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>☐ Check if Graduate income from TA, RA, LA, Assoc</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expected other <strong>nontaxable</strong> income for self (and spouse if married), (Workers Compensation, Child Support, Money Received on Your Behalf) specify source(s) $</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

I certify that the information above is true and correct. I further certify that any change in my or my spouse’s (if applicable) income or benefits for 2020/21 will be promptly reported to the Financial Aid and Scholarships Office.

SIGNATURE__________________________________________ DATE____________________

FAO Office:
☐ Approved Click Verification Review, Click Additional Tap, Click Adjusted EFC Requested Tap, Click Revised Tap, Click AdjProcess ☐ Rejected

2018 AGI________________________ Amount of taxable income________________________

Untaxed income________________________ Recalc taxes________________________

Reviewed by: ______________________ Approved by: ______________________ Date____________