

**Appeal for Special Circumstances
Medical/Dental Expenses Paid**

RETURN THIS FORM TO: UCSD Financial Aid Office, 9500 Gilman Drive, La Jolla, CA 92093-0013

PRINT Student's Last Name _____ First Name _____ Middle Initial _____ UCSD PID Number A _____

If you have or had unusual medical/dental expenses paid by your parents during the *calendar year* (January - December) 201____, you may request an appeal for special circumstances by providing the information below.

EXPENSES FOR (indicate a single calendar year) January - December 201__ :

1. Please provide an explanation of medical or dental expenses below.
2. Submit a copy of parent's 201__ 1040, schedule A **OR** Provide an itemized list of amounts, dates paid and to whom payments were made for the calendar year 201__ medical/dental expenses and attach copies of bills/statements.
3. Amount of medical/dental expenses for 201__ \$ _____
4. Amount of insurance reimbursements received for 201__ \$ _____

EXPLANATION OF SPECIAL CIRCUMSTANCES:

Parent's Name (Print) : _____

Parent's Signature: _____ Date: _____

For Office Use: Approved amount of Medical/Dental Expenses \$ _____ Denied
 ADSignature: _____ Date: _____