FAO: apl Medical/Dental Expenses

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

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

<table>
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<tr>
<th>PRINT Student’s Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>UCSD PID Number</th>
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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__ Tax Transcript 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
FAO Signature:___________________________________________________________ Date:________________