RETURN THIS FORM TO: UCSD Financial Aid and Scholarships 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) 2017, you may request an appeal for special circumstances by providing the information below.

EXPENSES FOR (indicate a single calendar year) January - December 2017:
1. Please provide an explanation of medical or dental expenses below.
2. Submit a copy of parent’s 2017 Tax Transcript OR Provide an itemized list of amounts, dates paid and to whom payments were made for the calendar year 2017 medical/dental expenses and attach copies of bills/statements.
3. Amount of medical/dental expenses for 2017 $ __________________
4. Amount of insurance reimbursements received for 2017 $ __________________

EXPLANATION OF SPECIAL CIRCUMSTANCES:

Parent’s Name (Print): ___________________________________________________________

Parent’s Signature: ___________________________ Date: ___________________________
<table>
<thead>
<tr>
<th>For Office Use:</th>
<th>[ ] Approved amount of Medical/Dental Expenses $___________</th>
<th>[ ] Denied</th>
</tr>
</thead>
</table>
| FAO Signature: |_____________________________________________________________________| Date:_________