Your student contribution for the 2018–2019 academic year is based on 2016 calendar year income. If 2016 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, 2018 through June 30, 2019 income below. Return documents to: UCSD FAS, 9500 Gilman Drive Dept 0013, La Jolla, CA 92093-0013, fax to 858-534-5459 or scan/email to finaid@ucsd.edu

Name___________________________________________________________ PID#______________________

Student Status:  □ Undergraduate  □ Graduate  Grad Department: __________________________

□ I did not attend school for six to twelve months during 2016 and was employed during that time. My estimated income from employment for July 1, 2018 through June 30, 2019 will be less than my 2016 income from employment. Provide details in #1 below and provide 2018/19 income projections in #2 below.

□ Other extenuating circumstances: Provide details in #1 below and 2018/19 income projections in #2 below.

(1) Fully explain your situation as to how your income from 2016 has changed for 2018/19 and why you cannot meet your expected student contribution. 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, 2018 through June 30, 2019. Estimate – do not write unknown or leave blank. Enter 0 if it does not apply to you.

<table>
<thead>
<tr>
<th>Summer 2018</th>
<th>School Year 2018-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>(7/1/18 - 9/30/18)</td>
<td>(10/1/18 - 6/30/19)</td>
</tr>
</tbody>
</table>

Your expected income from work $  
Your spouse’s expected income from work $  
Expected other taxable income for self (and spouse if married), (specify source(s)) $  
 Expected other nontaxable income for self (and spouse if married), (Workers Compensation, Child Support, Money Received on Your Behalf) specify source(s) $  

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 2018/19 will be promptly reported to the Financial Aid and Scholarship Office.

SIGNATURE_______________________________________________________    DATE____________________

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

2016 AGI _____________________   Amount of taxable income________________
Untaxed income_________________   Recalc taxes___________________
Reviewed by:__________________   Approved by:__________________             Date__________