If you have or had unusual medical/dental expenses paid by your parents during the calendar year (January - December) 2018, you may request an appeal for special circumstances by providing the information below.

EXPENSES FOR (indicate a single calendar year) January - December 2018:

1. Please provide an explanation of medical or dental expenses below.

2. Submit a copy of parent's 2018 Tax Transcript OR
   Provide an itemized list of amounts, dates paid and to whom payments were made
   for the calendar year 2018 medical/dental expenses and attach copies of bills/statements.

3. Amount of medical/dental expenses for 2018  $_______________

4. Amount of insurance reimbursements received for 2018  $_______________

EXPLANATION OF SPECIAL CIRCUMSTANCES:

Parent’s Name (Print) : __________________________________________

Parent’s Signature: ___________________________ Date: ________________

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

For Office Use: [ ] Approved amount of Expenses  $_______________

FAO Signature: __________________________________ Date: ________________