If you have expenses due to a natural disaster or major catastrophe not covered by insurance you may request an appeal for special circumstances by providing the information below.

1. Please provide a description of the situation and documentation to substantiate the claim (e.g., a copy of the FEMA disaster assistance form, insurance appraisal, etc.).

2. If not already provided to our office a copy of your 2017 Federal Tax Transcript.

3. For the 12 month period January - December 201__, indicate the: (Jan-Dec amounts)

   Amount of expenses attributed to natural disaster or major catastrophe. $___________

   Amount of insurance reimbursements received or expect to receive. $___________

   Amount of federal/state assistance received or expect to receive. $___________

EXPLANATION OF SPECIAL CIRCUMSTANCES:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Parent’s Name (Print): _______________________________________________________

Parent’s Signature: ___________________________ Date: _________________________

RETURN THIS FORM TO: UC San Diego Financial Aid and Scholarships Office, 9500 Gilman Drive, La Jolla, CA 92093-0013
For Office Use: [ ] Approved amount of Expenses $_______________
FAO Signature: ____________________________________________ Date: __________