Your student contribution for the 2019–2020 academic year is based on 2017 calendar year income. If 2017 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, 2019 through June 30, 2020 income below. Return documents to: UC San Diego FAS, 9500 Gilman Drive Dept 0013, La Jolla, CA 92093-0013, fax to 858-534-5459 or scan/email to finaid@ucsd.edu

PID____________________________  Last Name ________________________________ First Name_________________________

Student Status:   Undergraduate     Graduate    Grad Department: ________________

☐ I did not attend school for six to twelve months during 2017 and was employed during that time. My estimated Income from employment for July 1, 2019 through June 30, 2020 will be less than my 2017 income from employment. Provide details in #1 below and provide 2019/20 income projections in #2 below.

☐ Other extenuating circumstances: Provide details in #1 below and 2019/20 income projections in #2 below.

(1) Fully explain your situation as to how your income from 2017 has changed for 2019/20. 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, 2019 through June 30, 2020. Estimate – do not write unknown or leave blank. Enter 0 if it does not apply to you.

<table>
<thead>
<tr>
<th></th>
<th>Summer 2019 (7/1/19 - 9/30/19)</th>
<th>School Year 2019-20 (10/1/19 - 6/30/20)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your expected income from work</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Your spouse’s expected income from work</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Expected other taxable income for self (and spouse if married), (specify source(s))</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Check if Graduate income from TA, RA, LA, Assoc</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expected other nontaxable income for self (and spouse if married), (Workers Compensation, Child Support, Money Received on Your Behalf)</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

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 2019/20 will be promptly reported to the Financial Aid and Scholarships Office.

SIGNATURE_______________________________________________________    DATE____________________

Tap

FAO Office:
☐ Approved Click Verification Review, Click Additional Tap, Click Adjusted EFC Requested Tap, Click Revised Tap, Click AdjProcess  ☐ Rejected
2017 AGI __________________________  Amount of taxable income________________________
Untaxed income____________________  Recalc taxes______________________________
Reviewed by: ______________________  Approved by:____________________          Date__________

1/16/2019 SC APPEAL