RETURN THIS FORM TO: UCSD Financial Aid Office, 9500 Gilman Drive, La Jolla, CA 92093-0013

PRINT Student’s Last Name   First Name   Middle Initial   UCSD PID Number

If you have or had unusual medical/dental expenses paid by your parents during the calendar year (January - December) 201__, you may request an appeal for special circumstances by providing the information below.

EXPENSES FOR (indicate a single calendar year) January - December 201__:
1. Please provide an explanation of medical or dental expenses below.
2. Submit a copy of parent's 201__ Tax Transcript OR
   Provide an itemized list of amounts, dates paid and to whom payments were made for the calendar year 201__ medical/dental expenses and attach copies of bills/statements.
3. Amount of medical/dental expenses for 201__ $______________
4. Amount of insurance reimbursements received for 201__ $______________

EXPLANATION OF SPECIAL CIRCUMSTANCES:

Parent’s Name (Print):__________________________________________________________
Parent’s Signature:_________________________ Date:________________________

For Office Use: [ ] Approved amount of Medical/Dental Expenses $______________ [ ] Denied
FAO Signature:_________________________________________ Date:________________________