

Fax: 573.341.4274

Submit in <u>Joe'SS:</u> Secure Document Upload (QR Code provided)

Student Financial Assistance G-1 Parker Hall, 300 W. 13th Street Rolla, MO 65409

P: 573/341-4282 F: 573/341-4274

2024-2025 Financial Aid Year **Unusual Circumstance Review**

Last Name (Student)	First Name	M.I.
Daytime Phone Number (include	area code)	Missouri S&T Student ID #
(Student Unusual Circumstances)	nally independent if they can answer "Ye) of the 2024-2025 Free Application for F Indards are therefore <u>dependent</u> by feder on of the FAFSA form.	ederal Student Aid (FAFSA). Students
	rally cases such as an abusive family en nancial documents or support is imposs cumstances:	
• Parents are unwilling to p	-	<u>-</u>
<u>-</u>	extenuating circumstances that might was form provides instructions to petition for	<u> </u>
than parent(s)) that summarize y (on their letterhead) are most hel	e from yourself, and an additional lette your unusual circumstance(s). Letters fr pful. Please note that you may be requir e will inform you via your S&T email.	om persons in a professional capacity
We cannot offer/process financia	l aid for you for the 24-25 aid year until	your status has been addressed.
_	ormation on this form is true, accurate a orm to support my request adjustments	_
Student's signature:		Date:
Return form to Student Financial	.Assistance	
In-person/mail: G-1 Parker Hall 300 West 13th S Rolla, MO 65409		