



Financial Aid Office • 5000 Rocklin Rd • Rocklin CA 95677 • (916) 660-7310 • Fax (916) 630-4541

## SPECIAL CIRCUMSTANCES PETITION

STUDENT NAME _____	STUDENT ID # _____
ADDRESS _____	
CITY _____	STATE _____
	ZIP CODE _____

Term and year for which you are petitioning: Fall \_\_\_\_ Spring \_\_\_\_ Year 20 \_\_\_\_ - \_\_\_\_

Check the item(s) that applies to you:

- I request an increased budget due to special circumstances relating to:
  - Medical/dental expenses not covered by insurance or Medi-Cal
  - Automobile repairs
  - Theft

Attach bills or cost estimates for the circumstances above. The above expenses **must have occurred during the current academic year.** Describe in detail the reason for the request.

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- I request additional Federal Work-Study. State your reason why in detail. Also include the name of your FWS supervisor, rate of pay, and number of additional hours you would like.

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- Other:

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-----FOR OFFICE USE ONLY-----

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Approved \_\_\_\_\_ Denied \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_