



Financial Aid Office • 5100 Sierra College Blvd • Rocklin CA 95677 • (916) 660-7310

SPECIAL CIRCUMSTANCES PETITION

STUDENT NAME _____ STUDENT ID # _____

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.

- 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.

- Other:

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

Approved _____ Denied _____ By _____ Date _____

FAV-11

SPCRPE