



# PETITION FOR SPECIAL CIRCUMSTANCES - COST OF ATTENDANCE - 2016 – 2017

Student Name: \_\_\_\_\_ GCU Student Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

GCU Office of Financial Aid may use professional judgment on a case-by-case basis to review extenuating circumstances that are now affecting the student's cost of attendance. These extenuating circumstances may include student teaching, elementary or secondary school tuition, child care costs, and/or unusual expenses such as medical/dental or nursing home costs not covered by insurance.

Please complete the section below and submit the required document(s) to your GCU Student Services Advisor for review.

### Increase in the Cost of Attendance

If there has been significant changes to your and/or your parent's/spouse's cost for the academic year that you are currently enrolled for, please provide a brief explanation below and submit the following document(s) that applies to your request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- If request is for student teaching, please provide the following:
  - o A letter from the school where student teaching is being completed stating you are not being compensated while student teaching
    - **Must be on letterhead**
  - o Receipts of paid Rental/Mortgage payment(s)
- If request is for unusually high child care/ tuition, please provide the following:
  - o Receipts for paid private elementary or high school tuition expenses that were not covered by government or a private agency. These are expenses that were paid during the academic year\* for which you are currently enrolled.
- If request is for medical/dental/nursing home expenses not covered by insurance, please provide the following:
  - o Receipts for paid medical, dental, and/or any other related expenses not paid by insurance for the academic year\*. These are expenses that were paid during the academic year\* for which you are currently enrolled.
- If request is for course overload:
  - o *You must obtain approval from Academic Affairs on the current course overload.*

**Note:** The Office of Financial Aid may increase the student's budget by up to \$6,000 for the academic year\* based on approved paid expenses provided by you or your spouse/parent(s). Expenses beyond the \$6,000 limit will not be accepted. Additional information may be requested.

\*Academic Year is a period of enrollment in which the student is scheduled to complete the minimum credit/week requirements in order to progress to the next academic year (Undergraduate = 24 credits/30 instructional weeks; Graduate = 12 or 16 credits/32 instructional weeks).

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HANDWRITTEN SIGNATURE REQUIRED – TYPED/ELECTRONIC SIGNATURE NOT ACCEPTED**