

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 Counselor for review.	
	or your parent's/spouse's cost for the academic year a brief explanation below and submit the following
☐ If request is for student teaching, please provi ○ A letter from the school where student being compensated while student be on letterhead	udent teaching is being completed stating you are
 Receipts of paid Rental/Mortgage If request is for unusually high child care/ tuition Receipts for paid private element covered by government or a private during the academic year* for who 	on, please provide the following: ary or high school tuition expenses that were not ate agency. These are expenses that were paid
the following: o Receipts for paid medical, dental,	expenses not covered by insurance, please provide , and/or any other related expenses not paid by . These are expenses that were paid during the
☐ If request is for course overload:	cademic Affairs on the current course overload.
Note: The Office of Financial Aid may increas academic year* based on approved paid expenses beyond the \$6,000 limit will not be acce	se the student's budget by up to \$6,000 for the enses provided by you or your spouse/parent(s). epted. Additional information may be requested.
*Academic Year is a period of enrollment in which the student is sched progress to the next academic year (Undergraduate = 24 credits/30 ins	
Student Signature:	Date:
HANDWRITTEN SIGNATURE REQUIRED – TYPED/ELECTRONIC SIGNATURE NOT ACCEPTED	

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