



Return this form to any of the following:

- Poteau: Hemphill Hall – HH102
- Sallisaw: Mayo – 8002
- Email: financialaid@carlalbert.edu
- Fax: 918-647-1227

2022-2023 Special Condition Application

Student Name:	Student ID#:
Phone Number:	Date of Birth:
Student dependency status:	<input type="checkbox"/> Dependent <input type="checkbox"/> Independent
Requesting:	<input type="checkbox"/> FAFSA Change <input type="checkbox"/> Cost of Attendance Increase

This form may be used if there has been a change in your family’s and/or your financial situation that may impact your ability to pay for your education. The following are some examples *and* documentation you may need. You may provide a typed, signed, and dated statement explaining your reason for the request.

Change in Income – (Please choose all that apply.)

I am requesting a change to my **FAFSA** information due to:

- Involuntary or Unavoidable Loss of Job or Benefits**
2021 IRS Tax Return Transcript (TRT) *or* signed 1040 Form
- Change in Marital Status** **Student** **Parent**
 - Married/Remarried: Copy of the Marriage License
Student/Parent & Spouse’s 2020 IRS TRT *or* signed 1040 Form
 - Separation/Divorce: Separation Documentation or Divorce Decree
Student/Parent & Spouse’s 2020 W2s & IRS TRT *or* signed 1040 Form
- Death of a Spouse/Parent**
Copy of the Obituary or Death Certificate

Additional Family/School Expenses – (Please choose all that apply.)

I am requesting a change to my **Cost of Attendance** due to:

- Credit Overload/Actual Fees (Attach Student Bill)**
Credit hours enrolled: _____ Fall 2022 Spring 2023 Summer 2023
- Dependent Care**
Facility Name: _____
\$ Amount: \$ _____ per week / per month
Attach a signed statement from the facility manager detailing your weekly or monthly out-of-pocket pay.

My signature certifies that everything I have stated is true to the best of my knowledge. Should the Office of Financial Aid find anything provided in support of my request to be inaccurate, I understand that my request will be denied.

Student’s Signature

Date

Parent’s Signature (Dependent Students requesting FAFSA Change Only)

Date

Office Use Only:	<input type="checkbox"/> Approved Sign/Initial: _____	Date: _____
	<input type="checkbox"/> Denied: _____	