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We strongly recommend that this request be received complete by the Financial Aid Office (FAO) no less than 2 weeks before your last day of class for the term you are enrolled. Requests received on your last day of class or incomplete may not be reviewed. The law does not permit the FAO to process any requests submitted after your classes end for the term.

Please note: Your last day of class may be earlier than the posted end of term.

Fall 2024 Term ends 12/16/24. Spring 2025 Term ends 6/2/25.

Summer 2025 Sessions end 8/16/25



7250 Mesa College Drive I4-107 San Diego, CA 92111-4998 619.388.2817 | 619.388.2824 (fax)

| Unusual Circumstance Request 2024-2025 | | | |
|--|---|---|--------|
| Stude | ent Name: | CSID: | |
| Phone | e Number: | Email: | |
| Check | One: Dependency Petition | Renewal Review of Prior Dependency Petition | |
| | Depo | endency Petition 2024 – 2025 | |
| you are parent | re considered a dependent student acco | nily has primary responsibility for meeting the educational cost of studen ording to the financial aid definition, your aid eligibility is determined by uon to your information. Dependent students are therefore required by labe considered for financial aid. | using |
| | e physically abusive parental relationshi | tain parental information due to exceptional circumstances. (Examples lips, former wards of the court, refugees, political asylees or incarcerate | ∘d |
| suppor | orted yourself; you parents are unwilling o | ional circumstances: Your parents did not claim you as an exemption; or unable to pay; you don't communicate with them; it is difficult to acquiting these circumstances cannot be taken into consideration. | |
| | | ease describe these in detail and attach all documents that support your upply detailed information for each of the following: | - |
| PLEA | ASE SUBMIT EACH OF THE FOLLOW | /ING IN YOUR DETAILED STATEMENT (PLEASE CHECK EACH SUBMITTED) | |
| | separate piece of paper, in paragraph ving questions: | n format, please submit a signed statement to answer all of the | |
| | Identify the full name(s) and location or regardless of marital status or gender. | of your parent(s). Include information on both parent 1 and parent 2 r. | |
| | Describe the last time you lived with a of the contact. | and/or had contact with your parent(s). Include the date, location, and na | ature |
| | Explain why you cannot obtain parent | tal information. (Please be clear and specific.) | |
| IN AI | DDITION, PLEASE PROVIDE THE FOL | LLOWING (PLEASE CHECK EACH SUBMITTED) | |
| | You MUST include One (1) signed le | etter from objective third party(ies) and/or professional individuals, such | ı as a |

· Date of the Letter

include the following information:

- Their relationship to you and your parents
- Their full name, address, telephone number and e-mail address
- Their factual knowledge of your family circumstances
- Any other supporting documentation (or additional 3rd party letter) such as proof of abandonment or abuse by parent(s), court documents, police reports, or a certificate of death.

high school counselor, case worker, rabbi, minister, therapist, or other professional <u>who can confirm</u> the unusual or extenuating circumstances in your family from their perspective as witnessed*. These statements should

PLEASE NOTE: You may be asked to provide additional verification items at any time during processing.

| Student Name: CSID: |
|---|
| Renewal Review of [prior] Dependency Petition 2024 – 2025 |
| Financial aid regulations assume that the family has primary responsibility for meeting the educational cost of students. If you are considered a dependent student according to the financial aid definition, your aid eligibility is determined by using pare income and asset information in addition to your information. Dependent students are required by law to provide parent information and signatures to be considered for financial aid. |
| Occasionally, due to extraordinary circumstances, students cannot obtain parental information. If you are using this form, we should have an approved Dependency Petition for a previous year. |
| If you are using this form, San Diego Mesa College should have an approved Dependency Petition for a previous year. This review of your dependency status must note that your circumstances have not changed since your last approved Dependency Petition. Please describe the continuation of your exceptional circumstances and be ready to provide full documentation. Your request for review is not complete unless all documents are included. |
| On a separate piece of paper, in paragraph format, please submit a signed statement to answer all of the following questions: (PLEASE CHECK EACH SUBMITTED) |
| Please include the full names and the last time you lived with and/or had contact with each of your parents, whe where, and the nature of the contact. Include information on both parent 1 and parent 2 regardless of marital status gender. |
| Explain why you are still unable to provide parental information, what are the circumstances that have changed, has not changed compared to your prior year dependency override petition |
| PLEASE NOTE: You may be asked to provide additional verification items at any time during processing. |
| I certify that the information I have provided is true and complete to the best of my knowledge. I agree to provide proof supporting the information on this form. I realize that giving false or misleading information may result in a \$20,000 fine, a prison sentence, or both. |
| Check One: Dependency Petition Renewal Review |
| Student Signature Date: |
| FA Office Use only: Petition or Renewal Approved per Professional Judgment Petition or Renewal Review Denied |
| NOTES: |
| FAO Signature: Date: |