

**SPECIAL CONSIDERATION (other than Dependency Override)  
STUDENT REQUEST FORM**  
For Academic Year 2020-2021

Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_

You have experienced a change in the current economic condition of your household that is not accurately reflected on your financial aid application. You understand that you must thoroughly explain your request for reconsideration and will submit all supporting documentation requested by the Financial Aid Office.

Another type of special circumstance that may affect your eligibility for aid includes participation in a study abroad program or taking an unusually heavy credit load at DU. If you encounter either of these situations, you may qualify for an increase in your student budget (Cost of Attendance) based upon the program costs and you should also complete a special consideration form. We will *not* adjust a student's budget for any reason other than Davenport-related expenses.

\_\_\_\_\_  
Student's Hand-Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Email Address

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

Please explain your special circumstance to have the Financial Aid Office at Davenport University re-evaluate your financial aid status.

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

**SPECIAL CONSIDERATION  
INCOME REDUCTION**

Academic Year 2020-2021

Student Name: \_\_\_\_\_  
Student Email: \_\_\_\_\_

Student ID: \_\_\_\_\_  
Phone #: \_\_\_\_\_

If you, your spouse, or a parent (if you are a dependent student) has experienced a significant drop in income, please complete this form and submit your, your spouse, and/or your parent’s last paystubs for all places of employment in 2020. The documentation **MUST be dated within the last 90 Days**

**Projected Income for 2020**

	<b>Dependent Students Only</b>			
	Student	Spouse	Parent One	Parent Two
2020 Wages from work	\$ _____	\$ _____	\$ _____	\$ _____
Payment to tax deferred retirement account	\$ _____	\$ _____	\$ _____	\$ _____
Worker’s Comp	\$ _____	\$ _____	\$ _____	\$ _____
Severance Pay	\$ _____	\$ _____	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	\$ _____	\$ _____
Child Support Received	\$ _____	\$ _____	\$ _____	\$ _____
Child Support Paid	\$ _____	\$ _____	\$ _____	\$ _____
Rental Income	\$ _____	\$ _____	\$ _____	\$ _____
Business Income	\$ _____	\$ _____	\$ _____	\$ _____
Other Taxable Income	\$ _____	\$ _____	\$ _____	\$ _____
Money Paid on Your behalf	\$ _____	\$ _____	\$ _____	\$ _____
Disability Pay	\$ _____	\$ _____	\$ _____	\$ _____

\_\_\_\_\_  
Student’s Hand-Signature

\_\_\_\_\_  
Today’s Date

\_\_\_\_\_  
Spouse or Parent Hand-Signature (if Dependent)

\_\_\_\_\_  
Today’s Date