

**Special Conditions Form
Graduate Student**

Student Name: _____
Last First Middle

University ID Number: _____

Phone: _____

Email: _____

Purpose: This form is for **graduate students**. If special conditions exist that might change your need for financial aid, please check the box or boxes that apply and submit this form to our office. If you feel that you have special conditions that are not included on this form, please contact our office.

- Requirements:**
- ✓ You must have submitted a FAFSA for 2009-2010.
 - ✓ You must include all required documents.
 - ✓ The form must be signed by the student.
 - ✓ The completed form and all required documentation must be submitted no later than 30 days prior to the end of the enrollment period.

Complete only the sections that apply to you. Do not make changes or add to this form.
Categories 1-5 may allow us to increase your student budget (estimated cost of attendance). Only reasonable and customary expenses will be considered. Categories 6 & 7 may allow us to adjust your student contribution as determined by the FAFSA.

1) You have incurred other direct educational expenses* between August 31, 2009, and May 1, 2010.

✓ Total of itemized costs:

✓ Attach itemized list of educational expenses and supporting documentation (e.g., departmental memo, receipts, etc.).
Please note that documentation is not required for loan fees or tuition.

*Examples of direct educational expenses include loan fees, tuition, required books and necessary supplies which are above the budgeted allotment for tuition and books/supplies already included in your budget. Budget information can be found on our website at www.indiana.edu/~sfa/receiving/cost.html.

2) You have incurred or will incur uninsured medical costs* between August 31, 2009, and May 1, 2010.

✓ Total of itemized costs:

✓ Monthly insurance premium:

✓ Attach itemized list of medical expenses and supporting documentation (e.g., medical statements/estimates, receipts, etc.).

*Do not include routine checkups or medical costs for family members other than yourself. Attach proof of all uninsured medical and/or dental expenses; circle all amounts that are not covered by insurance, and include a cover sheet totaling the circled amounts.

3) You must pay for professional care for your children or other dependents in order to attend classes between August 31, 2009, and May 1, 2010.

✓ Total of monthly childcare costs:

✓ Attach itemized list of childcare expenses and supporting documentation (e.g., daycare statements, receipts, etc.).

4) You will purchase a personal computer for educational use between August 31, 2009, and May 1, 2010.

✓ Price of computer: \$

✓ Attach supporting documentation for computer, listing the price of each item (e.g., receipts, webpage printout, etc.).

5) Your housing expenses between August 31, 2009, and May 1, 2010 exceed the amount budgeted* by the Office of Student Financial Assistance.

✓ Total of itemized costs: \$

✓ Attach supporting documentation for your portion of all housing expenses (e.g., lease agreement, mortgage statement, utility bills, etc.).

*Budget information can be found on our website at www.indiana.edu/~sfa/receiving/cost.html.

6) You lost Social Security or another untaxed benefit between August 31, 2009, and May 1, 2010.

✓ What type of benefit was reduced? _____

✓ When did the benefit end? _____

✓ Attach supporting documentation for loss of benefits.

7) You or your spouse (if applicable) had a significant decrease in income from 2008 to 2009.

✓ Complete Income Section below. Please be sure to enter a zero in any blanks with no income.

✓ Attach supporting documentation for decrease in income (e.g., termination notice from employer).

Income Section (from January 1, 2009 to December 31, 2009)	Estimated Gross Income for 2009
Gross earnings (wages, salary, tips, net business or farm income) for documented decrease in income. Include figures only for person whose loss is documented. Do not include Federal Work-Study earnings.	Student's Income: <input type="text"/>
	<input type="text"/>
Other taxable income (dividends, interest, pensions, annuities, unemployment compensation, capital gains, taxable Social Security).	Spouse's Income: (if applicable)
	<input type="text"/>

Please certify you have read the statement below. This form must be signed and dated to be considered valid. Please allow 10-14 business days for processing.

I give permission to the Office of Student Financial Assistance to verify any information that I provide on this form. I understand that this verification may include a request for my tax documents. I certify that all of the information provided on this form is correct to the best of my knowledge. I understand that if I purposely give false or misleading information on this form I am liable for cancellation or repayment of all or part of my financial aid. In addition, I understand that completing this form does not guarantee an increase or adjustment in financial aid.

Student Signature: _____

Date: _____