SPECIAL CIRCUMSTANCE UNUSUALLY HIGH MEDICAL/DENTAL EXPENSES

For Academic Year 2025-2026

Name: _____

Student ID#: If you and/or your parents (dependent students only) paid excessive medical expenses not covered by insurance in 2023, please submit the following: 1. A signed copy of the 2023 itemized deductions or receipts verifying Medical Expenses PAID. 2. Additional tax documentation may be required for you and/or your parent(s) after reviewing your request. 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.			
		program or taking an unusually heavy credit load at qualify for an increase in your student budget (Cost of	our eligibility for aid includes participation in a study abroad DU. If you encounter either of these situations, you may f Attendance) based upon the program costs and you should ill <i>not</i> adjust a student's budget for any reason other than
		Student's Hand-Signature	Date
Student Email Address	Phone Number		
Please explain your special circumstance to h Davenport University re-evaluate your financia			