

Northwestern State University 212 Student Services Center Natchitoches, Louisiana 71497

Office of Student Financial Aid Telephone (318) 357-5961 Fax (318) 357-5488

2023-2024 Request for Special Circumstances

Student's Name:Address:		Last 5 Digits of SSN# NSU Student ID #	
		Phone #	
COA budget includes tuitio miscellaneous expenses. A	that each institution set a cost of a n and fees, room and board, allow llowances can be made, with app	attendance budget for every student receiving financial aid. This wances for books, supplies, transportation, loan fees, and ropriate documentation, for purchase or rental of personal d programs, and other educational expenses.	
		ental of a personal computer you must provide a copy of a quote or purchased or rented within the academic year that you are	
	an increase due to dependent car d amount paid per week for this ac	re costs you must submit a letter from your day care provider cademic year.	
	an increase due to costs for a stu ying your enrollment in the progr	dy-abroad program you must provide a letter from the instructor in ram and the total cost.	
If you are requesting an increase due to any other educational costs you must provide documentation from the instructor tating the need and total cost. In the case of purchasing and educational item you must provide a copy of the invoice or eccipt.			
		pool tuition in the 2022 calendar year for dependents in your family. paid for tuition in 2022 and the names of the student(s) for whom	
If you have a parent(s) who	te and at least six semester hours	2024 school year (they must be enrolled in a program that leads to during one semester), you must provide official documentation to	
		I indicate whether they are currently enrolled in at least six adding)	
Name	Relationship to student	Name of college	
	4 . 6 . 6		
provide proof of the inform not provide proof when ask FHAT ANY ADJUSTME	ation that I have given on this for ed, the student will not receive sp	s true and complete to the best of my knowledge. I agree to rm if asked by the Office of Financial Aid. I also realize that if I do becial circumstances consideration. I ALSO UNDERSTAND DET RESULT IN ADDITIONAL FINANCIAL AID	
Student's Signature:		Date: Date:	
Spouse's/Parent's Signature	e:	Date:	
		olor, national origin, sex, disability, or age in its programs and activities and provides equal individuals have been designated to handle inquiries regarding non-discrimination poli-	

- Employees/Potential Employees Veronica M. Biscoe, EEO Officer (318-357-6359)
- Students Reatha Cox, Dean of Students (318-357-5286)

(i.e., Title IX):

For Americans with Disabilities Act (ADA) concerns, contact the Disability Support and Tutoring Director, Taylor Camidge, at 318-357-5460.

 $\textbf{Full disclosure statement: } \underline{\text{http://universityplanning.nsula.edu/notice-of-non-discrimination/}}$