



Our office has evaluated all the required documentation that you have provided to date to assess need based aid eligibility for your aid package. We are providing this form since you have indicated that you feel an additional review is necessary.

STUDENT NAME (Last, First Middle)	BANNER ID NUMBER
MD GRADUATION YEAR	DATE OF APPEAL

Indicate whose change this form represents: Student Parent(s)

Please check the box that best describes your (or your family's) situation. **Documents are needed to support your request.** Attach sheet(s) and additional explanation if necessary.

Employment Change: Termination/Layoff of Job or Significant Reduction in Income

Examples of type(s) of documentation accepted for submission:

- Copies of most recent pay-stubs from all employment held showing year-to-date earnings (indicate frequency of pay, for example, weekly, monthly, etc.)
- Copy of unemployment compensation to be received. Indicate when compensation began and the duration of the compensation
- Copy of employment settlement, indicating employment severance payments to be received
- Copy of social security, disability and/or AFDC benefits to be received
- Documentation of employment benefit program
- Other: _____

Other Income Change: *Note: If student income is \$12,000 or less, you do not need to report a change as it uses the same calculation for you student contribution.

Examples of type(s) of documentation accepted for submission:

- Loss of Child Support
- Any other form of untaxed income
- Documentation of termination of benefits/support/income from benefit provider
- Other: _____

Separation or Divorce:

Examples of type(s) of documentation accepted for submission:

- Copy of separation agreement
- Copy of divorce decree, indicating alimony and/or child support to be received as a result of divorce
- Substantial evidence of separation or divorce, for example, mortgage/lease/utility bill documenting parents live in separate residences

Expenses: Medical expenses paid out-of-pocket and will not be reimbursed

Examples of type(s) of documentation accepted for submission:

- Copies of receipts for medical payments paid
- Copies of medical bills

Please upload this form through Self-Service Banner (SSB) <https://selfservice.brown.edu>



- Asset Changes:** _____
➤ The Office of Financial Aid will determine the appropriate documentation needed.
- Number in College:** Sibling is now attending college or sibling is no longer attending college.
Examples of type(s) of documentation accepted for submission:
➤ Updated AMS aid application form with new number in college
- Number in Household:** The amount of people in the household has increased or decreased.
➤ The Office of Financial Aid will determine the appropriate documentation needed

Student Statement: Please provide in the space below information that you feel was not considered in our initial review or new information that should be considered. Providing figures and supporting documentation is always helpful.

Please provide supporting documentation along with this form. The Office of Financial Aid requires documents to complete this request.

Student's Signature _____ **Date** _____

Parent's Signature _____ **Date** _____

Please upload this form through Self-Service Banner (SSB) <https://selfservice.brown.edu>