

Student Financial Services G-1 Parker Hall, 300 W. 13th Street Rolla, MO 65409

P: 573/341-4282 F: 573/341-4274

2026-2027 Financial Aid Year Unusual Circumstance Review

Last Name (Student)	First Name	M.I.
Daytime Phone Number (include a	rea code)	Missouri S&T Student ID#
•	of the 2026-2027 Free Application f dards are therefore <u>dependent</u> by fe	"Yes" to the questions in Section 7 for Federal Student Aid (FAFSA). Students ederal regulations and must add their
•	ncial documents or support is im	y environment or abandonment by parents possible. The following conditions are not
•	ovide information on the FAFSA or to adent as a dependent for income tal total self-sufficiency	•
However, if you believe there are exindependent of your parents, this fo	•	•
than parent(s) that summarize you	ur unusual circumstance(s). Letter: ul. Please note that you may be rec	etter from an independent party (other s from persons in a professional capacity quired to supply additional information. If &T email.
We cannot offer/process financial a	aid for you for the 26-27 aid year u	ntil your status has been addressed.
Certification: I certify that all information documents are attached to this for		
Student's signature:		Date:
Daturn form to Student Einancial S.	orvicos	

Return form to Student Financial Services

In-person/mail: G-1 Parker Hall

300 West 13th Street Rolla, MO 65409-0250

Fax: 573.341.4274

Submit in **Joe'SS**: Secure Document Upload (QR Code provided)

