

**Student Name:** \_\_\_\_\_ **NSHE:** \_\_\_\_\_

Explanation of Circumstances: In the space below please explain what costs you have incurred or will incur in the 2026-27 financial aid year. Please provide any relevant receipts and dates in your explanation. If you need additional space, please attach a separate page.

**Appeals are reviewed once all required documentation is received and complete.**

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Student Name: \_\_\_\_\_ NSHE: \_\_\_\_\_

Reason for Increase:

☐

**Transportation**

Reasonable expenses such as car repair, or unusually high mileage costs for travel to and from school. Transportation allowances are also acceptable for travel related to the death or illness of an immediate family member.

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**Dependent Care**

Dependent care expenses can be accommodated for periods of time including, but not limited to, class time, study time, fieldwork, research, internships, commuting time, and other educational endeavors.

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**Disability**

Includes reasonable allowances for costs associated with the disability if the expenses are not already covered by another organization. Expenses can include, but are not limited to, special services, personal assistance, transportation, equipment, and supplies for the student to attend school.

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**Personal Computer**

This may include a reasonable one-time cost to purchase a personal computer (allowable amount determined by component(s) needed).

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**Professional Conferences**

The cost to attend a professional conference for graduate or undergraduate students when such participation is encouraged or required for their professional development. Registration fees, meals, lodging, travel, etc. are considered acceptable expenses.

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**Professional memberships/subscriptions**

The annual cost of membership(s) to professional organizations, subscription(s) to professional journals, magazines, etc. for graduate students who are encouraged to participate in such activity for their professional development when it is not already included in the standard cost of attendance.

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**Cooperative Education**

Reasonable costs associated with work experience under a cooperative education program. Expenses can include transportation costs, meals away from home, and other costs the student incurs as a result of work experience.

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**Health Insurance**

Reasonable allowances for health insurance costs for you, the student.

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**Professional Licensure Exams Expenses**

Attach documentation listing professional licensure examination costs. Attach documentation of professional licensure exam preparation costs.

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**Other Expenses**

Attach relevant documentation listing other expenses.

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**By signing this form, I certify that all information is complete and accurate.**

Please sign before submitting. We can accept digital signatures if drawn in electronic form.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature (If applicable):** \_\_\_\_\_ **Date:** \_\_\_\_\_