



**AUBURN UNIVERSITY
FINANCIAL AID
2009-2010**

2009-2010

REQUEST FOR INDEPENDENT STUDENT RE-EVALUATION

I _____, ID# _____, HEREBY REQUEST
A RE-EVALUATION OF MY APPLICATION FOR FINANCIAL AID FOR THE 2009-2010
YEAR BASED ON THE SPECIAL CIRCUMSTANCES INDICATED BELOW:

_____ I worked full-time in 2008 (at least 35 hours a week for at least 30 weeks), however, I am no longer employed full-time. Submit a copy of your resignation letter or a copy of the termination notice from your employer. This letter should show the effective last date of employment.

_____ My job status has changed and I have a reduction in income.

_____ Since completing my financial aid application, I am no longer married due to a separation, divorce, or death of my spouse. Submit a copy of the divorce decree, death certificate or a letter from your attorney indicating the separation status.

_____ My spouse earned money in 2008 but has lost his/her job for at least 10 weeks in 2009. Submit a copy of his/her resignation letter or a copy of his/her termination notice from the employer. This letter should show the effective last date of employment.

_____ I, or my spouse, earned money in 2008 but have not been able to earn money in the usual way for at least 10 weeks because of a disability or natural disaster that happened in 2008 or 2009. Submit a letter from your physician indicating the nature of your disability, or submit a letter from the appropriate state or federal agency indicating that your area has been designated an area eligible for natural disaster relief.

_____ I, or my spouse, received unemployment compensation or some untaxed income in 2008 but have completely lost that income or benefit in 2009. Submit a copy of your termination notice from the Unemployment Agency in your state.

_____ I, or my spouse have unusually high medical/dental/optical expenses paid out-of-pocket, not covered by insurance in 2009. We are unable to adjust your information for expenses incurred during 2008 since these expenses should be reflected on your current tax return. Submit copies of canceled checks and/or receipts to medical facilities paid only during 2009.

Every student should submit a signed copy of the 2008 Federal Tax Return with this application. Your tax return is not acceptable without a signature. Any request submitted will not be processed until all required documents have been received. Students who have been discharged from active military service should provide a copy of their discharge notice which shows the effective date of separation. The processing time is 4-6 weeks after all paperwork has been received. The FAFSA must be received and complete before a Re-evaluation will be considered.

*Financial Aid Office • 203 Martin Hall • Auburn University, AL 36849 • Phone: (334) 844-4634
Email: finaid7@mail.auburn.edu Internet Address: www.financialaid.auburn.edu*

Student's Name	Student's ID#	Daytime Phone Number ()
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Provide itemized estimates of your total 2009 calendar year income. These amounts should include income from all sources from January 1, 2009 through December 31, 2009.

Student's Information	Amount
Student's Income From Work	\$ <input type="text"/> Year
Name And Address Of My Employer	_____ _____ _____
Student's Other Income Source _____ Include child support, unemployment compensation, AFDC payments, alimony, social security payments, retirement pay and any other forms of income.	\$ <input type="text"/> Year <input type="text"/> Month
Spouse's Information	Amount
Spouse's Income From Work	\$ <input type="text"/> Year
Name And Address Of His/Her Employer	_____ _____ _____
Spouse's Other Income Source _____ Include child support, unemployment compensation, AFDC payments, alimony, social security payments, retirement pay and any other forms of income.	\$ <input type="text"/> Year <input type="text"/> Month

Certification: All of the information provided on this form is true and complete to the best of my knowledge. If asked, I agree to provide whatever documentation is requested by the Office of Student Financial Aid to prove the accuracy of this information.

Student's Signature	Date	Spouse's Signature	Date
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SCHOOL USE ONLY	Accept Request _____	Reject Request _____
Total 2009 Taxable Income	\$ _____	
Total 2009 Un taxable Income	\$ _____	
Federal Income Tax Owed 2009	\$ _____	
Reason _____		
Signature of FAO _____		Date _____