

INDIANA UNIVERSITY SOUTHEAST

Special Circumstances Form 2017-2018 – Tuition Paid

Consideration is given for tuition payments for a dependent student's younger sibling(s) attending an elementary, junior high, or senior high school. Consideration is also given for tuition paid to an accredited college or university if one or both of the dependent student's parents is currently enrolled and attending. Please note, only tuition expenses may be considered. Fees, books and loan funds used are not considered in this adjustment. **Required documentation needs to be submitted no later than October 1, 2017. For students not enrolled in fall, the deadline is February 15, 2018.**

Student Name: _____ 10 Digit University ID#: _____

Tuition Paid:

- List the name of the family member(s) for whom the tuition was/will be paid and the name of the organization or entity they will attend on top of the charts below. List in the chart(s) below a breakdown of the monthly expenses for the tuition payments.
- If more than two family members of the household attend an institution, college, or university an additional form must be completed for each attendee for us to factor in their costs.
- At least one of the following acceptable forms of documentation should accompany this form:
 - ✓ Contract or payment plan which includes the name of the institution.
 - ✓ Receipts for tuition paid which includes the name of the institution.
 - ✓ Written documentation of what you are expected to pay out of pocket.

All steps must be completed for this to be considered by the Financial Aid Office. Additional documentation may be requested.

When you complete this form, every box should have a numeric value listed; if omitted, \$0 will be assumed. ***If you are paying tuition on a weekly basis, keep in mind there are more than four (4) weeks in a month. To correctly calculate the monthly amounts, either multiply the weekly amount by 4.3333 to get an amount per month or multiply the weekly amount by 52 (weeks) then divide by 12 (months) to get an amount per month.***

Student's Name:

Institution:

MONTH	JULY 2017	AUG 2017	SEPT 2017	OCT 2017	NOV 2017	DEC 2017	JAN 2018	FEB 2018	MAR 2018	APR 2018	MAY 2018	JUNE 2018
AMOUNT PAID												

Student's Name:

Institution:

MONTH	JULY 2017	AUG 2017	SEPT 2017	OCT 2017	NOV 2017	DEC 2017	JAN 2018	FEB 2018	MAR 2018	APR 2018	MAY 2018	JUNE 2018
AMOUNT PAID												

I certify the information provided is complete and true to the best of my knowledge. If there are changes to our situation I agree to notify the IU Southeast Financial Aid Office. I understand that any changes made to my eligibility based on the information provided above only affects the aid received at IU Southeast.

Student Signature

Date

Parent/Spouse Signature

Date