

Special Circumstance Appeal 2017-2018

Office of Financial Aid

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Overview

The purpose of the Special Circumstance Appeal process is to give the Office of Financial Aid a more accurate and detailed description of your current financial situation. This process allows the office to consider students in serious financial hardship for additional aid based upon a student's need. The deadlines to appeal for the 2016-2017 academic year are **November 16** (Fall 2017) and **April 3** (Spring 2018). Summer appeals must be submitted by the end of the session(s) in which you are enrolled. Special Circumstance Appeals for summer are accepted on a case-by-case basis as funding for this term is extremely limited.

Instructions & Processing Information

To be considered for this review, you must submit a detailed letter outlining your circumstances. When applicable, students should also submit relevant documentation. Additionally, if you were selected by the Department of Education for federal verification and you have not yet submitted the necessary documents, please submit those as well.

Once the office has received your documentation, a Financial Aid Officer will email you to confirm receipt of your appeal. Once all documentation is received, the appeals process can take up to two weeks. Additional information may be required throughout the process, so check your Illinois Tech hawk email regularly. **Please note additional funding is not guaranteed.**

Student Information

_____	_____
Last Name	First Name
_____	_____
Campus-Wide ID (A#)	Telephone Number

Submission Requirements

Please review the list of suggested documentation. Appeals lacking adequate documentation will not be considered complete. Documents listed below are examples of what may be needed prior to review by the Appeals Committee. Check the items included in your appeal below:

This form (required)	Unemployment benefit statement
Letter explaining your current situation (required)	Medical documentation
Letter from employer (job loss/ reduction in hours)	Insurance coverage/ claim
Last paystub for household earners	

By signing this form, I certify this information to be accurate and representative of my current financial situation.

_____	_____	_____	_____
Student Signature (sign in ink)	Date	Parent Signature (dependent students only)	Date