

# Special Review

2014-2015



YOUR NAME (Please Print) \_\_\_\_\_

Student ID # \_\_\_\_\_

You have been asked to complete this form because you would like to request special review of your financial aid. Please complete this form by selecting the item(s) which represents your specific request. Provide a complete explanation for your request(s). Our acceptance of this request form does not guarantee that we will be able to provide the assistance requested. Funding, eligibility and other educational factors will determine the outcome. Your request should only be for educational expenses.

What program are you in now? \_\_\_\_\_

Including financial aid, what assistance are you currently receiving? \_\_\_\_\_

What is the reason you need to increase your loans now? \_\_\_\_\_

Funds will cover the following educational expenses (list items and prices for the items that will be covered by the request) \_\_\_\_\_

I would like to request a student loan for the following semester(s) even though I originally declined or reduced my loans.  
 (check ) \_\_\_ Fall 2014 \_\_\_ Spring 2015 \_\_\_ Summer 2015

I want to request \_\_\_\_\_ amount in subsidized \_\_\_\_\_ amount in unsubsidized

The approval/denial of this form could be based upon academic progress and class participation.

I certify that the above statements are true and accurate.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

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TO BE COMPLETED BY THE OFFICER OF STUDENT FINANCIAL AID

This request is:      \_\_\_\_\_ **APPROVED**      \_\_\_\_\_ **DENIED**      \_\_\_\_\_ **POSTPONED**

Other comments and recommendations \_\_\_\_\_

\_\_\_\_\_  
Financial Aid Signature

\_\_\_\_\_  
Date

TSTC Financial Aid Office | Abilene- 325.672.7091 | Breckenridge-254.559.7716 | Brownwood-325.641.5955 | Sweetwater-325.235.7387