



Office of Financial Aid
Phone: 212-353-4113
FAX: 917-793-3304
30 Cooper Square 2nd Floor
New York, NY 10003

2020-2021 Request for Consideration of Special Circumstances

The deadline for submission of these Requests is September 1, 2020 if you attend the Fall 2020 semester, and February 1, 2021 if you attend Spring 2021. The review of your request will not begin until all documentation are submitted and it may take approximately four to six weeks to be processed.

Please be advised that all financial aid appeal request is up to the discretion of the financial aid office. All decisions are final and cannot be re-appealed.

The decision on this appeal is only valid for the academic year in which you applied for.

Student Name: _____ Student ID# _____

All requests for consideration of special circumstances must include:

- Copy of the 2018 Complete IRS tax transcript and W-2s for the student and parent (if applicable).
- Completed 2020-2021 Verification Worksheet (If selected for verification).
- Letter explaining in detail the circumstances and the reason for your appeal.

Check the reason (s) that best describes your situation and provide all requested documentation

Unemployment: Person's Name: _____

Relationship to Student _____

- Please write a statement explaining beginning and end date of all employment. Also indicate beginning and ending date of any unemployment compensation as well as any other sources of income for 2019.
- Copy of the 2019 Complete IRS Tax Return Transcript and W-2s for the student and parent (if applicable).
- Copy of the letter of termination/change in status from the employer stating status date and any benefits received, any severance pay documentation for each employment listed in above statement.
- Copy of official statement of unemployment eligibility, if receiving unemployment benefits.

Disability/Death: Name of disabled or deceased person: _____

Relationship to Student _____

- Please write a statement explaining the circumstances.

- Copy of the letter from the employer stating any benefits received.
- Copy of the 2019 Complete IRS Tax Return Transcript and W-2s.
- In the case of disability: copy of official statement of disability benefits, eligibility for workers compensation, or eligibility for social security benefits.
- In the case of death: copy of the death certificate or obituary.

Divorce/Separation: Date of separation or divorce: _____
 Relationship to Student _____

- Please write a statement explaining the situation including the date of separation as well as beginning and end date.
- Copy of the 2019 Complete IRS Tax Return Transcript and W-2s for the student and parent (if applicable).
- In the case of divorce: copy of official divorce decree.
- In the case of separation, proof of separate addresses, (i.e. Gas/electric bill), and please address custody, child support, and alimony in a written statement.

Other: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

(Parent Signature required for all Dependent Students)

❖ Please email completed form to FAAppeal@Cooper.edu or FAX to 917-793-3304