



## How to submit an Unusual Circumstances Appeal

Emory understands that students may experience changes in their living conditions that may not be reflected in their most recent financial application materials. We are here to help you navigate any of these unexpected circumstances you may experience and ensure you feel confident in your ability to continue your studies with the financial support you need.

If you experience changes concerning your living conditions that impact your dependency status – such as human trafficking, refugee or asylee status, parental abandonment or incarceration - you can complete and submit an Unusual Circumstances Appeal along with any supporting documents. Forward your complete appeal packet to your [advisor's](#) attention via email, USPS or fax (*Fax is the preferred method of submission*).

A complete Appeal Packet should include:

- A completed Unusual Circumstances Appeal form
  - ◊ A written personal statement
  - ◊ Identify the reason for your appeal, and attach supporting documentation
  - ◊ Sign the certification statement
- Any documents you deem relevant to explain your situation

### Important Notes

- Timeliness, completeness and accuracy of your packet will impact the outcome of your appeal
- Additional information may be requested of you after providing the appeal and supporting documentation
- Submission of an Unusual Circumstances Appeal does not automatically ensure that your request will be approved



Unusual Circumstances Appeal  
2026-2027

Emory University  
Office of Financial Aid  
200 Dowman Drive, Suite 300

Phone: 404.727-6039  
Fax: 404.727-6709 (Office preferred method of submission)  
Email: finaid@emory.edu

<b>Student's Name:</b>	Emory ID (EMPL):
Email Note: Communications regarding this request will be sent <b>via email to the student's address marked as preferred in OPUS.</b>	Last 4 Digits of Student SSN (if ID Number Unknown):  <b>XXX - XX - _____</b>
<b>INSTRUCTIONS:</b> Our records indicate that you may be considered an independent student due to being an emancipated minor, under legal guardianship, a ward of the court, under foster care, or at risk of homelessness. Please return the completed form and all <b>required documentation</b> to the Office of Financial Aid.	
<b>Document Submission Instructions</b>	
Documents requested by the Office of Financial Aid may be submitted via US mail, email or fax. <b>In an effort to safeguard your personal information, the Office prefers that forms be submitted via fax.</b> When submitting documentation, please do not submit image files or photographs.	
I qualify as an independent student due to one of the following, and <b><u>will provide supporting documentation</u></b> :	
<div style="display: flex; flex-wrap: wrap;"><div style="width: 50%;"><input type="checkbox"/> I am an emancipated minor</div><div style="width: 50%;"><input type="checkbox"/> I am under legal guardianship</div><div style="width: 50%;"><input type="checkbox"/> I am dependent or ward of the court</div><div style="width: 50%;"><input type="checkbox"/> I am in foster care</div><div style="width: 100%;"><input type="checkbox"/> I am homeless or I am at risk of being homeless (<i>verification section below completed must be by proper authority</i>)</div></div>	
<b>Please Note:</b> If the custodial parent is deceased, please provide a copy of the parent death certificate.	
I am providing the following documentation in support of my request to be considered an independent student:	
<input type="checkbox"/> Court Documents <input type="checkbox"/> Other supplemental documents	
<b>ONLY FOR STUDENTS CLAIMING HOMELESSNESS, THIS SECTION TO BE COMPLETED BY PROPER VERIFYING AUTHORITY</b>	
CHECK ONE TO CONFIRM THE STATUS OF THE STUDENT ABOVE:	
<input type="checkbox"/> This student was an unaccompanied homeless youth after July 1, 2025 <i>This means that, after July 1, 2025, the student listed above was living in a homeless situation, as defined by Section 725 of the McKinney-Vento Act, and was not in the physical custody of a parent or guardian.</i>	
<input type="checkbox"/> This student was an unaccompanied, self-supporting youth at risk of homelessness after July 1, 2025 <i>This means that, after July 1, 2025 the student listed above was not in the physical custody of parent or guardian, provides for his/her own living expenses entirely on his/her own, and is at risk of losing his/her housing.</i>	
As per the College Cost Reduction and Access Act (Public Law 110-84), I am authorized to verify this student's living situation. No further verification by the Financial Aid Administrator is necessary. Should you have additional question or need more information about this student, please use the contact information below.	
I certify that I am providing this letter of verification as a (check one):	
<input type="checkbox"/> A School District Liaison <input type="checkbox"/> A director or designee of a HUD-funded shelter <input type="checkbox"/> A director or designee of a RHYA-funded shelter	
Name _____ Phone _____	
Email _____ Organization _____	
Signature of Certifying Authority _____ Date _____	



*Unusual Circumstances Appeal*  
2026-2027

Emory University  
Office of Financial Aid  
200 Dowman Drive, Suite 300  
Atlanta, GA 30322

Phone: 404.727-6039  
**Fax: 404.727-6709 (Office preferred method of submission)**  
Email: [finaid@emory.edu](mailto:finaid@emory.edu)

<b>Student's Name:</b>	Emory ID (EMPL):
Email Note: Communications regarding this request will be sent via <b>email to the student's email address marked as preferred in OPUS.</b>	Last 4 Digits of Student SSN (if ID Number Unknown): <b>XXX - XX - _____</b>
C: CERTIFICATION STATEMENT	
<p>I certify that the information I am providing is true, complete, and correct to the best of my knowledge. I, the student, agree to notify the Office of Financial Aid if the circumstance described changes.</p> <p>Student's Signature _____ Date _____</p>	

Internal Use Only	
Review Date:	Advisor Initials:
Decision Comments:	