EMORY UNIVERSITY | Office of Financial Aid

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

Emory University
200 Dowman Drive, Suite 300
Atlanta, Georgia 30322-1960

Tel 404.727.6039
Fax 404.727.6709

EMORY UNIVERSITY

Unusual Circumstances Appeal
2027-2028

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

Student's Name:	Emory ID (EMPL):
Email Note: Communications regarding this request will be sent **via email to the student's address marked as preferred in OPUS.**	Last 4 Digits of Student SSN (if ID Number Unknown): XXX - XX - _____

INSTRUCTIONS: 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 **required documentation** to the Office of Financial Aid.

Document Submission Instructions

Documents requested by the Office of Financial Aid may be submitted via US mail, email or fax. **In an effort to safeguard your personal information, the Office prefers that forms be submitted via fax**. When submitting documentation, please do not submit image files or photographs.

I qualify as an independent student due to one of the following, and **will provide supporting documentation**:

☐ I am an emancipated minor ☐ I am under legal guardianship

☐ I am dependent or ward of the court ☐ I am in foster care

☐ I am homeless or I am at risk of being homeless (*verification section below completed must be by proper authority*)

Please Note: 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:

☐ Court Documents ☐ Other supplemental documents

ONLY FOR STUDENTS CLAIMING HOMELESSNESS, THIS SECTION TO BE COMPLETED BY PROPER VERIFYING AUTHORITY

CHECK ONE TO CONFIRM THE STATUS OF THE STUDENT ABOVE:

☐ This student was an unaccompanied homeless youth after July 1, 2026

This means that, after July 1, 2026, 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.

☐ This student was an unaccompanied, self-supporting youth at risk of homelessness after July 1, 2026

This means that, after July 1, 2026 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.

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):

☐ A School District Liaison ☐ A director or designee of a HUD-funded shelter ☐ A director or designee of a RHYA-funded shelter

Name _____ Phone _____

Email _____ Organization _____

Signature of Certifying Authority _____ Date _____

F_DEHF

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Atlanta, GA 30322

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Email: finaid@emory.edu

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C: CERTIFICATION STATEMENT

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.

Student's Signature _____ Date _____

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

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