



- Poteau: Hemphill Hall – HH102
- Sallisaw: Mayo – 8002
- Email: financialaid@carlalbert.edu
- Fax: 918-647-1227

2025-2026 Special Condition Application

Student Name:		Student ID#:	
Phone Number:		Date of Birth:	
Student dependency status:	<input type="checkbox"/> Dependent <input type="checkbox"/> Independent		
Requesting:	<input type="checkbox"/> FAFSA Change <input type="checkbox"/> Cost of Attendance Increase		

This form may be used if there has been a change in your family's and/or your financial situation that may impact your ability to pay for your education. The following are some examples **and** documentation you may need.

Change in Income – (Please choose all that apply.)

I am requesting a change to my **FAFSA** information due to:

☐ **Involuntary or Unavoidable Loss of Job or Benefits**

Typed, signed, & dated statement explaining your situation & most recent Paystub/Unemployment Receipt

☐ **Change in Marital Status:** ☐ Student ☐ Parent

☐ **Married/Remarried:** Copy of the Marriage License

Student/Parent & Spouse's 2023 IRS TRT *or* signed 1040 Form

☐ **Separation/Divorce:** Separation Documentation or Divorce Decree

Student/Parent & Spouse's 2023 W2s & IRS TRT *or* signed 1040 Form

☐ **Death of a Spouse/Parent**

Copy of the Obituary or Death Certificate

☐ **Other Reason:** _____

Please attached a signed explanation.

Additional Family/School Expenses – (Please choose all that apply.)

I am requesting a change to my **Cost of Attendance** due to:

☐ **Credit Overload/Actual Fees (Attach Student Bill)**

Credit hours enrolled: _____ ☐ Fall 2025 ☐ Spring 2026 ☐ Summer 2026

☐ **Dependent Care**

Facility Name: _____

\$ Amount: \$ _____ ☐ per week / ☐ per month

Attach a signed statement from the facility manager detailing your weekly or monthly out-of-pocket pay.

My signature certifies that everything I have stated is true to the best of my knowledge. Should the Office of Financial Aid find anything provided in support of my request to be inaccurate, I understand that my request will be denied.

Student's Signature

Date

Parent's Signature (Dependent Students requesting FAFSA Change Only)

Date

FAA Use Only:	<input type="checkbox"/> Approved	Sign/Initial: _____	Date: _____
	<input type="checkbox"/> Denied:	_____	