Carl Albert State College
FINANCIAL AID

To Return Electronically:
myCarlAlbert Student Portal: Attachment Upload (if available)
Email: financialaid@carlalbert.edu
Fax: 918-647-1227

To Return in Person or by Mail:
Poteau Office: Hemphill Hall – HH102
1507 S. McKenna, Poteau, OK, 74953
Sallisaw Office: Mayo – 8002
1601 S. Buddy Spencer Ave, Sallisaw, OK, 74955

2026-2027 Special Condition Application

This form may be used to either request an official change to your Free Application for Federal Student Aid (FAFSA) if there has been a change in your and/or your family's financial situation that may impact your ability to pay for your education, or request an increase to your total allowable aid. You must submit this completed form ***and*** all applicable documentation before a change can be made. Please contact the Office of Financial Aid if you have any questions about this form.

Student Name:		Student ID#:
Phone Number:		Date of Birth:
Student Dependency Status:	☐ Dependent ☐ Independent	
Requesting:	☐ **FAFSA Change in Income**	☐ **Cost of Attendance (COA) Increase for Additional Expenses**

☐ I am requesting a change to my **FAFSA** information due to: (Please choose all that apply.)

☐ **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
Both party's IRS TRT ***or*** signed 1040 Form for the **2024** tax year

☐ **Separation/Divorce:** Separation Documentation or Divorce Decree
Both party's W2s **&** IRS TRT *or* signed 1040 Form for the **2024** tax year

☐ **Death of a Spouse/Parent** Copy of the Obituary or Death Certificate

☐ **Other Reason Not Listed:** Please attached a signed explanation.

☐ I am requesting a change to my **Cost of Attendance** due to: (Please choose all that apply.)

☐ **Credit Overload: Update Actual Tuition/Fees**
Credit hours enrolled: _____ ☐ Fall 2026 ☐ Spring 2027 ☐ Summer 2027
Attach Student Finance Statement from Self-Service or Business Office

☐ **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: Approved Sign/Initial _____ Date _____
Denied: _____