

LAST NAME _____ FIRST NAME _____
LAST 4 DIGITS OF SOCIAL SECURITY NUMBER _____ ANDREWS UNIVERSITY ID NUMBER _____
STUDENT'S EMAIL ADDRESS _____ TELEPHONE/MOBILE _____

PURPOSE OF REQUEST

Undergraduates: *If there are special circumstances to be considered, please check the appropriate box and then explain your situation in further detail below. If more space is needed, attach additional pages. Submit appropriate supporting documents.*

- ☐ Tuition paid for siblings attending elementary/secondary schools
- ☐ Household income has substantially dropped below level reported on the FAFSA
- ☐ Medical expenses paid out-of-pocket
- ☐ Other _____

Explain further: _____

Student signature

Date

Mail to: Andrews University
Office of Student Financial Services
Administration Drive
Berrien Springs, MI 49104-0750

Fax to: 269.471.3228
Phone: 269.471.3334
Web: www.andrews.edu/sfs
Email: sfs@andrews.edu

OFFICE USE ONLY

NOTES:

☐ Reviewed on _____ (date) by _____ (reviewer's initials)