2024 – 2025: Special Consideration(s) Request Form

Please select the reason(s) for your special consideration(s) request. Please provide all requested documentation for each situation and a personal letter of explanation detailing the reason for request.



Please NOTE:

ATTN:		https://tinyurl.com/ yrf5h54d
FTP		FAX: 410-840-2824
<u>NOT</u>		
	business hours for login, the	

Financial Aid Office SPCON2

SIMON

Please provide a written explanation detailing the reason for your request:
(Dependent students ONLY)
Warning: Each person signing this worksheet certifies all the information reported is complete and accurate. If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.