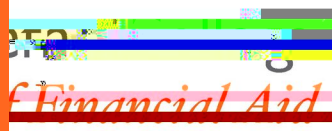

1600 Campus Road, F-35
Los Angeles, CA 90041
T 323-259-2548
E finaid@oxy.edu
Wwww.oxy.edu/financial- aid

ATED/PROJECTED INCOME FORM

S nt 's First Name M.I. Oxy ID or Last 4 Digits of SSN

E on your income from 2022. However, if your family has experienced a
s you may request our offic e to reevaluate your financial aid eligibility based on
y e . If you would like Occidental to consider this request, **you must complete**
th nt, copies of your 2023 federal tax returns , and acceptable supporting
d

3 that substantiates the change in your income.
4 all schedules and s tatements)