

REQR Special Circumstances Appeal for Financial Aid 2024-2025				
Student's University ID:				
Student's Full Name:	middle last			
If you have had a significant change in your family's financial situation, then you may request a review of your financial aid based on the special circumstance(s) you and your family may be experiencing.				
Please submit this application with all required documentation for the situations applicable to you. All applications must include a detailed statement describing the situation. Student Financial Services may request additional information as needed. Appeals may be cancelled if documentation has been requested and not received within 90 days of the original request date.				
	for Appeal			
Please check all that apply and attach required documentati	on. We may request additional information to complete review.			
○ Significant loss of income due to change in employment or loss of untaxed income	Other reason not listed, including one-time income and parent/spouse separation/divorce after FAFSA submission			
<ul> <li>Date of employment change:</li></ul>	<ul> <li>Please provide a detailed description of the basis of the appeal and documentation supporting the request</li> <li>One-time source of income appeals may be approved only once in the student's undergraduate career</li> <li>We are unable to consider appeals based on circumstances that include, but are not limited to:         <ul> <li>Regularly fluctuating income, including typically</li> <li>Bonus/commission income</li> <li>Self-employment income</li> <li>Capital Gains income</li> <li>Voluntary employment reduction</li> <li>Personal or living expenses, including high consumer debt</li> <li>Private secondary/primary school tuition</li> <li>Expenses that have not yet occurred</li> </ul> </li> </ul>			
<ul> <li>Death of parent or spouse after filing the FAFSA</li> <li>Documentation of medical and/or funeral expenses</li> <li>Documentation of expected Social Security Benefits for all family members</li> <li>Documentation of other distributions from inheritance, assets or other benefit sources including life insurance</li> </ul>	<ul> <li>High Medical or emergency family expenses, usually those meeting or exceeding 10% of family income</li> <li>Medical: Provide copy of Schedule A documenting medical expenses paid during 2023 or 2022 tax year not already covered by insurance</li> <li>For 2024 tax year medical expenses, also complete the Parent Estimated Income Form (dependent) or Student Estimated Income Form (independent)</li> <li>Emergency: please provided a detailed statement of the basis of the appeal and documentation supporting the request         <ul> <li>We are unable to consider appeals based on voluntary expenses such as elective surgeries, private secondary/primary school tuition, optional home improvement projects, etc.</li> </ul> </li> </ul>			



**Student Financial Services** 

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Student's University ID:		or SIS ID:			
Student's Full Name: (LEGAL NAME - PRINT)	first	middle		last	
Our ability to make an adju	g an appeal does not guarantee that stment depends on the kind of char ncrease in financial aid awarded dep ntion.	ge your family experienc	ed and the amount and t	iming of	
	plain your situation in detail, includin tter instead or in addition to this exp		e and household family m	embers affected.	

CERTIFICATION STATEMENT: I certify that I have read and understand the instructions on pages 1 and 2 of this form, and that all the information reported to qualify for federal aid is complete and correct to my knowledge. If additional documentation is required, I will submit those documents in a timely manner. I understand that if I purposely give false or misleading information, I may face legal consequences and my financial aid may be terminated.

STUDENT SIGNATURE	Date
PARENT SIGNATURE	Date
(required for dependent students)	
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