



REQR Special Circumstances Appeal for Financial Aid
2024-2025

Student's University ID: [] [] [] [] - [] [] [] [] or SIS ID: [] [] [] [] [] [] [] []

Student's Full Name: _____
(LEGAL NAME - PRINT) first 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.

Reason for Appeal

Please check all that apply and attach required documentation. We may request additional information to complete review.

Form with four sections: 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; Death of parent or spouse after filing the FAFSA; High Medical or emergency family expenses, usually those meeting or exceeding 10% of family income.



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Please note that submitting an appeal does not guarantee that there will be a change to your 2024-2025 financial aid eligibility. Our ability to make an adjustment depends on the kind of change your family experienced and the amount and timing of decreases in income. Any increase in financial aid awarded depends on the overall impact of the change in circumstances to your family's total financial situation.

Please use this space to explain your situation in detail, including relevant dates, income and household family members affected. You may attach a signed letter instead or in addition to this explanation.

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 _____
(required)

PARENT SIGNATURE _____ Date _____
(required for dependent students)