



Request for Review of Special Circumstances

2026-2027 Academic Year

Student's Name (please print): _____ Student ID: _____

Note: Each Special Circumstance Review is evaluated on an individual basis. You will be notified of the decision through your student email account.

Please check the categories that apply to your request. Provide all the required documentation (listed on the next page) based on the categories you have checked.

- A. Change in Employment Status from 2024
- B. Separation / Divorce
- C. Death of Spouse / Parent(s)
- D. Loss of Untaxed Income or Benefits
- E. Received One-Time Income in 2024
- F. Other Conditions / Changes in Income—provide a detailed explanation

Please include an explanation of the special circumstances that you and/or your spouse or parent(s) have that may affect your eligibility for financial aid. (Use the space below. Attach a separate sheet of paper, if necessary)

I (We) certify that the information/documentation given with this Request for Review of Special Circumstances is correct. If this application indicates adjustments can be made, I authorize the Office of Financial Aid and Veterans Services to make these changes electronically on my behalf.

WARNING: Any person who makes false statements or misrepresentations on this form may be subject to a fine or imprisonment or both, under provisions of the United States Criminal Code.

Student's Signature (Required) _____
Date

Parent's Signature (Required, if student is Dependent) _____
Date

Student's Name (please print): _____ Student ID: _____

This Special Circumstance applies to: <input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent(s)	
Date Effective (mm/dd/yyyy): _____	
	Documents Required
Change in Employment Status from 2024	<input type="checkbox"/> A letter from your previous employer on company letterhead stating: <ul style="list-style-type: none"> <input type="radio"/> Last date of employment <input type="radio"/> 2026 earnings year to date
	<input type="checkbox"/> A letter from current employer on company letterhead stating: <ul style="list-style-type: none"> <input type="radio"/> Date employment began <input type="radio"/> 2026 earnings year to date or most recent check stub
	<input type="checkbox"/> Statement or printout from Employment Security Office of Unemployment benefits received, if applicable <input type="checkbox"/> 2024 & 2025 Federal IRS Tax Return Transcripts <input type="checkbox"/> All W-2s for you and your spouse or parent(s) <input type="checkbox"/> If military discharge, a copy of DD-214
	Additional Information
	I lost my job with _____ on _____. My year-to-date earnings at this job were \$ _____. <input type="checkbox"/> I am currently receiving Unemployment Benefits of \$ _____ weekly as of _____. <input type="checkbox"/> I am not currently receiving Unemployment Benefits. I am currently employed at _____ as of _____. My weekly earnings at this job are \$ _____.
	Documents Required
Separation / Divorce	<input type="checkbox"/> Divorce: A copy of the divorce decree OR a signed statement from the attorney verifying the divorce date OR a notarized statement verifying date of divorce <input type="checkbox"/> Separation: A copy of the legal separation document OR signed statement from the attorney verifying the date of separation OR a notarized statement verifying separation <input type="checkbox"/> 2024 & 2025 Federal IRS Tax Return Transcripts <input type="checkbox"/> All W-2s for you and your spouse or parent(s)
	Documents Required
Death of a Spouse / Parent(s)	<input type="checkbox"/> A copy of the death certificate <input type="checkbox"/> 2024 & 2025 Federal IRS Tax Return Transcripts <input type="checkbox"/> All W-2s for you and your spouse or parent(s)
	Documents Required
Loss of Untaxed Income or Benefits	<input type="checkbox"/> If child support and/or alimony: A copy of the divorce decree to include settlement agreement <input type="checkbox"/> If Social Security Benefits, a statement from the Social Security Administration giving the last date of benefits and the amount received <input type="checkbox"/> If other type of benefit, a statement from the agency giving the last date of benefits and amount received <input type="checkbox"/> 2024 & 2025 Federal IRS Tax Return Transcripts <input type="checkbox"/> All W-2s for you and your spouse or parent(s)
	Additional Information
	Benefits no longer being received as of the following date _____. Please check all types of benefits and/or untaxed income that are no longer being received: <input type="checkbox"/> Child Support <input type="checkbox"/> Social Security Benefits <input type="checkbox"/> Alimony <input type="checkbox"/> Disability Benefits <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Other
	Documents Required
Received One-Time Income in 2024	<input type="checkbox"/> Documentation of one-time income including amount, type of income, and date of receipt <input type="checkbox"/> Statement of how funds were spent, invested, or rolled over <input type="checkbox"/> 2024 & 2025 Federal IRS Tax Return Transcripts <input type="checkbox"/> All W-2s for you and your spouse or parent(s)
	Additional Information
	A one-time payment of _____ (inheritance/insurance settlement/etc) in the amount of \$ _____ was received on _____. This money was (check one): <input type="checkbox"/> Spent <input type="checkbox"/> Invested <input type="checkbox"/> Rolled Over
	Documents Required
Other Conditions / Changes in Income	<input type="checkbox"/> Written statement explaining you and your spouse or parent(s) circumstances that affects your financial status <input type="checkbox"/> Documentation to verify your statement <input type="checkbox"/> 2024 & 2025 Federal IRS Tax Return Transcripts <input type="checkbox"/> All W-2s for you and your spouse or parent(s)

<i>For Financial Aid Office Use Only</i>	Reviewed by: _____	Request is: Granted / Denied	Date: _____
Comments:			