

Please use checklist below to confirm that all documents required are provided for timely processing of review.

- 2026-27 Special Circumstance Form
- 2026-27 Verification Worksheet
- A brief explanation of the situation that is being requested for review
- Student and Parent(s) - Copies of 2024 tax return transcript **or signed** copy of 2024 federal tax return and all applicable schedules
- Student and Parent(s) – 2024 W-2s
- Additional documentation as required based on circumstance
- Student and parent signatures on all applicable forms/worksheets

Please note that review of special circumstance may not result in additional financial aid. Students submitting special circumstance request after August 1, 2026, need to make payment arrangements for fall semester based on currently offered financial aid.

Student name _____ UE ID # _____

Student phone (____) _____ Student email _____

Parent name(s) _____

Parent phone (____) _____ Parent email _____

Special circumstances may exist that are not reflected on the 2026-27 Free Application for Federal Student Aid (FAFSA). Before considering your special circumstance, we will verify the information on your 2026-27 FAFSA.

Income information may be revised to reflect either adjusted 2024 income or 2025 actual income. In rare situations, income information may be revised to reflect estimated 2026 income.

Please indicate the nature of the circumstances and provide the documentation requested for each one marked. Check all that apply:

- Death of parent since filing the FAFSA.** Date occurred: ____/____/____
- Copy of the death certificate.
- Separation/divorce (circle one) since filing the FAFSA.** Date occurred: ____/____/____
- If the separation/divorce occurred in 2025 or 2026 and you filed a married joint tax return, a copy of your 2025 IRS tax transcript and W-2(s) for both parents.
 - If assets are reported on the FAFSA, documentation of the split of assets in the divorce. If no documentation is submitted, assets will be split 50/50.
- Reduction of wages.** Date occurred: ____/____/____
- Copy of 2025 federal tax transcript, W-2s, and last two pay stubs.
 - If reduction occurred in 2026, copy of last two pay stubs.
 - If a job change occurred in 2026, last pay stub from your previous employer and last two pay stubs from your current employer.
 - If reduction due to retirement, copy of documentation that shows the amount of monthly retirement amounts being received from any source.
- Unemployed for 10 weeks or more in 2025 or 2026.** Date occurred: ____/____/____
- Copy of termination letter (if applicable).
 - Copy of unemployment benefits statement showing the amount of the weekly payments, when they began, and the maximum benefit.
 - Copy of last pay stub.
 - If new job started, copy of two most recent pay stubs received. Date started: ____/____/____
- Reduction/Loss of child support.** Date occurred: ____/____/____
- Documentation that shows the date and amount of the reduction/loss.
 - Documentation that shows the amount received in the calendar year up to the date the reduction started.
 - If you are still receiving child support for other children, also attach a copy showing the amount you receive for them.
- One-time distribution of income.** Date occurred: ____/____/____
- Documentation explaining the one-time distribution and its purpose.
- Elementary or secondary tuition paid for a sibling in 2024 or 2025.**
- Copy of tuition bill that includes name of sibling and shows the amount paid for the calendar year.

Parent enrolled and funding at least half-time enrollment in a degree-seeking program.

- Copy of course registration/class schedule for Fall 2026 and/or Spring 2027.
- Copy of billing statement for terms of enrollment.

Excessive out-of-pocket medical expenses (not paid using flex spending or health savings account).

- If medical expenses were paid in 2024, a copy of your 2024 federal tax transcript including Schedule A (if itemized).
 - If medical expenses were paid in 2025, a copy of your 2025 federal tax transcript including Schedule A (if itemized).
- OR
- Copies of medical expenses that were paid out-of-pocket. Statements should show the name of the doctor/practice, name of the patient, amount paid, and date paid.

Educational loan payments for parent or sibling. Loans must be in parent's name.

- Statement(s) showing the history of payments made in 2024 or 2025. Statement must show the lender's name, parent's name, and the dates and amounts of payments made.

Bankruptcy.

- Copy of the bankruptcy paperwork from the court that shows the name of the person that filed bankruptcy, the amount of the payments, and when they start and end. Students whose parents are currently in bankruptcy will be offered an extended unsubsidized direct loan equal to the amount the student would receive should the parent be denied the Parent PLUS Loan.

Other.

- Written statement with a detailed explanation of the circumstance and supporting documentation.

All students must submit the following documentation. Check each box to confirm submission.

- 2026-27 Verification Worksheet.**
- Copies of 2024 IRS tax transcripts or *signed* copy of 2024 federal tax return and all applicable schedules for both student and parent(s).**
- 2024 W-2s for both student and parent(s).**
- A brief explanation of your situation.**

Additional documentation may be requested once we have begun reviewing your request. Please comply with all requests in a timely manner. You can expect a response to your request within 15 working days of all documents being submitted. For the protection of your data, please send all documentation via our secure fax or postal mail.

Student Permissions:

- I give the Office of Student Financial Services permission to speak to my parent(s) _____ and _____ about this special circumstance, the documentation attached, and my FAFSA.

Student signature _____ Date _____

Note: We also encourage you to give your parent(s) proxy access for UE Self-Service. This will allow them to see your financial aid status and the aid awarded as well as give us permission to talk to them about your financial aid.

Certifications:

I (We) understand that my 2026-27 FAFSA will be verified before the special circumstance request will be reviewed. This may cause my financial aid to be reduced. I further understand that the special circumstance(s) that I (we) have reported above may not result in additional financial aid being awarded.

I (We) certify that the information provided is true and complete to the best of my (our) knowledge.

Student signature _____ Date _____

Parent signature _____ Date _____

Office of Student Financial Services

Room 105, Olmsted Administration Hall

Office hours: 8:00 a.m. - 5:00 p.m., Monday through Friday

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