



2018-2019 Appeal for Review of Unusual Circumstances

Student Name: _____ Dominican ID Number: _____

In order to submit this form, you must already have completed the 2018-2019 FAFSA.

Your financial need is determined by the federal government when you complete your FAFSA. Your financial aid award is based on this information. If you feel you/your family has an unusual circumstance that was not reflected on your 2018-2019 FAFSA, please complete and submit this form. The financial aid office will review your documentation and determine if an adjustment to your FAFSA is appropriate. Families that already have a zero expected family contribution (EFC) are not eligible to appeal.

Reminder: The Department of Education requires schools to perform verification on selected applicants before completing professional judgment adjustments. Most appeals will require submission of taxes. Appeals will only be considered for FAFSAs that have been processed using "actual" tax information.

Indicate the unusual circumstance(s) you would like the Office of Financial Aid to review. All appeals must include a statement from the family detailing their situation. Incomplete forms, or forms without an attached statement, will be returned to the family.

Since completing the 2018-2019 FAFSA, you/your family has experienced a loss of income due to:

- Termination: Attach a copy of the employer notification letter
Layoff: Attach a copy of the employer notification letter
Disability: Attach the medical/work documentation regarding the disability
Retirement: Attach a copy of the pension/retirement benefits that will be received
Injury or Illness: Attach the workman's compensation/medical documentation
Unemployment Benefits: Attach a copy of the benefits determination letter
Child Support: Attach a copy of the court order that child support has ended
Excessive Medical Expenses: Attach a copy of the relevant tax return, including Schedule A
Divorce: Attach a copy of the complete/signed/filed divorce decree
Death of a Spouse/Parent: Attach a copy of the Death Certificate
Other: Provide relevant documentation to support your claim.

Please include the following information in your statement: dates the situation occurred, when/if you expect it to be resolved, and any other relevant information that will support your claim. Include a detailed financial statement of your family income for the next 12 months. Include both taxable and untaxable income in the projection of your family's income. It may be appropriate to include a total income and expenses summary.

I certify that all this information is complete and correct.

Student Signature: _____ Date: _____

Print Name: _____ Student ID Number: _____

Student's Parent's Signature: _____ Date: _____

Spouse's Signature (Independent students only): _____ Date: _____