

2024-25 Special Circumstance Review Request

Student Last Name:	First:
UA Student ID #:	
on a FAFSA on a case-by-case basis. You may f	
**BEFORE SUBMITTING THIS FORM, EMA	IL uaverif@uakron.edu TO NOTIFY US YOU INTEND TO FILL OUT THIS FORM**
descriptive as possible. Make sure the explan without a written statement.	the unusual or special circumstance that you were unable to address on your FAFSA. Please be as ation has the student's name and UA Student ID # at the top. Requests will not be considered
Written statement attached.	
Section B: Supporting Documentation Missing or incomplete information will delay	required for ALL review requests (unless otherwise noted):
2022 Federal Tax Return Transcrip	t or tax return (1040) for student/spouse. <b>Do not send 2024 documents!</b> Required ed below. Requests will not be considered without this information.
Check this boy	k if you previously submitted this document to our office for verification, etc.
review requests for dependent stu	t or tax return (1040) for parents. <i>Do not send 2024 documents!</i> Required for ALL dents unless noted below. Requests will not be considered without this information. x if you previously submitted this document to our office for verification, etc.
2022 W2s for student/spouse - ree	quired for ALL review requests unless noted below. <i>Do not send 2024 documents!</i>
2022 W2s/Schedule C/C-EZ for particular students unless noted below. <b>Do r</b>	rent/s of dependent students - required for ALL review requests for dependent not send 2024 documents!
	entation required based on your situation:
Involuntary separation from employ	ment or L Involuntary loss of income
	Effective date:
Letter from previous employer (	on company letterhead) indicating start and end dates and year-to-date earnings
Copy of most recent pay stub sh	nowing YTD earnings for the person(s) whose income was reduced or 2023 W2 when available
Statement of unemployment be	nefits (if received)
Divorce or separation <b>or</b> Death c	of spouse or parent <b>**Only used if both parents' info is reported on current FAFSA</b>
Effective date:	] Appropriate court documents indicating date of separation or divorce <b>or</b> death certificate
Medical expenses in 2024 <i>not paid b</i>	y insurance
Signed and dated summary totalir	ng those expenses not covered by insurance in 2024. <i>Expenses must have occurred in 2024.</i>
<ul> <li>Parent in college (full-time enrollment</li> <li>2024-25 Parent in College Form</li> </ul>	nt) - dependent students ONLY (Tax Return Transcripts/W2s not required)
Loss of Child Support (Tax Return Tra	anscripts/W2s not required)
Effective date:	
Expected amount in <b>2024</b> for all	children in household
Copy of court/legal documentat	ion that shows date child support payments have/will cease

## Section D: Projected Income for Calendar Year 2024

Enter "0" or "N/A" where appropriate. Do not leave any item blank. Do not include Social Security Income or Disability Benefits.

Expected Annual Income January 1, 2024 through December 31, 2024.	Student	Spouse (if applicable)	Parent 1	Parent 2
Please indicate the name of parent 1, parent 2 according to your FAFSA.				
Wages, tips, salaries. The amount(s) listed should ONLY be income from work. DO NOT include SSI, disability, etc.				
Severance Pay				
Separation Bonus				
Unemployment compensation				
Total Expected Annual Income				

## Section E: Household Information

Dependent students: List the people in your parents' household, excluding foster children. Include yourself, the parent(s) with whom you live, your parents' other children and other people if your parents will provide more than half of their support between 7/1/24-6/30/25. If anyone will be enrolled at least half-time in a degree or certificate program between 7/1/24-6/30/25, include the name of the school they will be attending.

Independent students: List the people in your household, excluding foster children. Include yourself, your spouse if married, your children and other people if you will provide more than half of their support between 7/1/24-6/30/25. If anyone will be enrolled at least half-time in a degree or certificate program between 7/1/24-6/30/25, include the name of the school they will be attending.

If more space is needed, continue this table on a separate page with the student's name and student ID number at the top.

Full name	Age	Relationship to Student	Name of College/University in 2024-25
		Self	The University of Akron

## Section F: Certification:

Each person signing this worksheet certifies that all of the information reported on it is complete and accurate. **Warning:** If you purposely give false or misleading information on this form, you may be fined, sentenced to jail, or both. Electronic signatures will not be accepted.

Student signature:	Date:		
Parent signature:	Date:		

(Dependent students only)

Do not submit this form until you have gathered all other required documents/forms to avoid delays in processing. When all required documents have been gathered, you may submit all requested documents via the action item link on your Workday Homepage, the link for upload should appear after you notify us of intention to submit. You can also bring it to our office on the 2nd floor of Simmons Hall. Watch for two-sided documents. Be sure to include both sides when faxing. Do not email any documents with personally identifiable information. Please allow up to two weeks for processing. *Please note:* Your request may not result in an increase of your financial aid eligibility. You will be notified of the result of your request via email sent to your official UA email address.

Allow at least four weeks for review after submitting. If anything additional is needed from you, you will be notified via email sent to your official UA email address.

**Please note:** Completion/submission of this form does not guarantee an adjustment of your financial aid. You will be notified of the result of your request via email sent to your official UA email address. All decisions are final and cannot be appealed to the U.S. Department of Education.

The University of Akron • Student Financial Aid • Akron, OH 44325-6211 • Fax: 330-972-7139