

The University of Denver understands that special circumstances occur which may affect a student's financial aid eligibility. This request process, initiated by undergraduate students, allows them to report inconsistencies or changes not reflected on their Free Application for Federal Student Aid (FAFSA) and CSS PROFILE. The Financial Aid Special Circumstances Committee will review each request for change on an individual basis. Please note that **submission for review will not guarantee changes in financial aid files nor prevent any late charges that may be applied to a student account balance.**

Any incomplete request forms **WILL NOT BE ACCEPTED** or **REVIEWED** until all necessary documentation has been provided.

**The following must be submitted with this form if it has not already been done:**

- Verification Worksheet
  - Visit <http://www.du.edu/finaid/IVF.htm> to get the 2009-2010 Federal Verification Worksheet for Dependent students or the 2009-2010 Federal Verification Worksheet for Independent students.
- Signed copies of all 2008 federal tax returns (including all schedules) for student and parents
- Copies of all 2008 W-2's, 1099's, and K-1's for student and parents
- Signed Family Educational Rights and Privacy Act (FERPA) form
  - Visit <http://www.du.edu/registrar/forms/index.html> to get a copy of either the **Parental Request for Disclosure of Educational Records form** or **Release of Confidential Student Record Information form**. Information is to be returned to the University of Denver Office of the Registrar, 2197 S. University Blvd., Denver, CO 80208 or faxed to 303-871-4300. The Office of Financial Aid will not grant access to Financial Aid records to any other person except the student unless one of these forms has been signed.

**NOTE:** As part of the review process the Financial Aid Special Circumstances Committee looks at the current student financial aid package. It is expected that all financial aid options have been explored and exhausted before coming to the committee. Please be sure that all grants, scholarships, and Federal loans have been accepted and processed before submitting application for review.

Thank you.

While attending the University of Denver, have you ever made a request for a change in aid based on a special circumstance through the Office of Financial Aid? Yes \_\_\_\_\_ No \_\_\_\_\_

### I. Explanation of re-evaluation

Please use this section to explain the reason why this special request is being made. Attach your personal statement along with all additional documentation.

### II. Reason for request (Please mark all that apply):

**Reduction in income or earnings**

Please be sure to include the following documentation:

- Statement from employer regarding termination; or
  - Pay stub reflecting change in income or wages
- AND**
- New employer (if applicable) pay stub showing new wages
  - Request for unemployment benefits

Date of termination or reduction: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

Termination or reduction for which person in the household?

Father/Step-Father \_\_\_\_\_ Mother/Step-Mother \_\_\_\_\_ Student \_\_\_\_\_ Spouse \_\_\_\_\_

Reason for reduction/loss (please check one):

- Termination by Employer
- Retirement
- Change of employment
- New Business
- Reduction in hours
- Other (please explain): \_\_\_\_\_

**Divorce or separation of parents**

*This option to be completed **ONLY** if marital status has changed since filing the 2009-2010 FAFSA.*

**Please include a copy of the legal documentation of divorce or separation.**

Date of divorce or separation: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

Parent of record: Mother \_\_\_\_\_ Father \_\_\_\_\_

*Please complete SECTION III for Parent of Record **ONLY**, including step-parent information if parent of record is remarried.*

**Death of a parent**

*This option to be completed for a parent that has died since filing the 2009-2010 FAFSA.*

**Provide copy of death certificate**

Date of deceased parent: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

Surviving parent: Mother \_\_\_\_\_ Father \_\_\_\_\_

Will surviving parent be receiving survivor benefits? Yes \_\_\_\_\_ No \_\_\_\_\_

*Please be sure to list any benefits received in untaxed income in SECTION III.*

**High medical and/or dental expenses**

*Since filing the 2009-2010 CSS Profile, medical or dental expenses have been incurred and are not previously listed. Do not include expenses that will be reimbursed through your insurance provider.*

List all out of pocket expenses paid for 2008 and expected to pay in 2009.

2008 total amount paid: \$ \_\_\_\_\_ 2009 expected total amount paid: \$ \_\_\_\_\_

**Provide copies of receipts detailing all out of pocket expenses.**

**One time income distribution**

*Examples include: lump sum IRA or other retirement fund distribution, inheritance, or other sources of funding not available.*

Source of one time lump sum: \_\_\_\_\_

Amount requested to be excluded: \$ \_\_\_\_\_

**Provide copies of receipts which demonstrate the exhaustion of all funds. Also, be sure to clearly explain, in SECTION I, the reason as to why this money should be excluded.**

**III. Estimated Income for 2009:**

In the table below, please complete the following information. Please use the best projections possible when calculating income from January 2009 through December 2009. Note that all adjustments for financial aid award packages are subject to change until all required documentation has been provided to the Office of Financial Aid. **DO NOT LEAVE ANY ITEM BLANK. ENTER N/A OR "0" IF IT DOES NOT APPLY.**

<b>2009 Gross Income</b>	<b>Earned Income (Year-to-date)</b>	<b>+</b>	<b>Estimated Income (Present-Year-End)</b>	<b>=</b>	<b>2009 Total Income</b>
Wages, salaries, tips:	xxxx		xxxx		xxxx
<i>Father/Stepfather</i>					
<i>Mother/Stepmother</i>					
<i>Student</i>					
<i>Spouse</i>					
Net income or loss from business or farm					
Severance Pay					
Capital gain or loss					
Rental income or loss					
Taxable portions of pension/annuity withdrawals					
Income from royalties, partnerships, estates, trusts					
<b>Alimony RECEIVED</b>					
Start date: ___/___/___ Amount: \$ _____					
Unemployment compensation					
Other taxable income					

<b>2009 Untaxed Income</b>	<b>Earned Income (Year-to-date)</b>	<b>+</b>	<b>Estimated Income (Present- Year-End)</b>	<b>=</b>	<b>2009 Total Income</b>
Child support <b>RECEIVED</b>					
Contributions to tax-deferred retirement plans (401k, 403b, 457)					
Veteran's benefits					
Other untaxed income (i.e. foreign income exclusion, worker's compensation, untaxed portion of pensions)					
<b>2009 Out of pocket expenses</b>					
Child support <b>PAID</b>					
Alimony <b>PAID</b>					
<b>TOTAL</b>					

The Financial Aid Special Circumstances Committee will review your information within two weeks of the time your complete request was turned in. Students will be notified of final outcomes in writing or by phone once the committee has come to a decision. The review process may be extended if there is more documentation or clarification needed for the file.

By signing, I have certified that the information provided on this form is true and correct to the best of my knowledge. I understand that this does not guarantee any changes in the original financial aid package offered, late fees accrued on any remaining account balance are my sole responsibility, and I understand that some aid may adjust should I be offered other sources of financial aid. I also understand that if there is any additional financial aid awarded, it will be a onetime offer only.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (**required** for dependent students)

\_\_\_\_\_  
Date

If you have any questions or concerns please contact our office at (303) 871-4020. If you would like to fax your information you may do so at (303) 871-2341.