

### A. Student Information

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\_\_\_\_\_  
*First name*

\_\_\_\_\_  
*Last name*

\_\_\_\_\_  
*DU ID Number*

The University of Denver understands that special circumstances occur which may affect a student's financial aid eligibility. 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's tuition account balance. All decisions are final.**

*We will not start reviewing special circumstances requests until January 2017.*

**NOTE:** As part of the review process, the Financial Aid Special Circumstances Committee looks at the student's current financial aid package. It is expected that all financial aid options have been explored and exhausted before coming to the committee, including federal student loans.

#### **The following are examples of special circumstances:**

- Loss or reduction of employment, wages, or unemployment compensation
- Additional costs incurred as a result of a student's disability
- Excessive medical or dental expenses not covered by insurance (documentation must be submitted) that exceed 7.5 percent of the family's or student's Adjusted Gross income
- Bankruptcy or foreclosure
- Divorce or separation of parents (legal documentation must be submitted)
- Forgiveness (whole or partial) of one time lump sum payments are **only taken into consideration if the money was used to offset the above mentioned circumstances.** Documentation must be provided.
- Loss of child support

#### **The following do not constitute special circumstances:**

- Reduction in 401K values
- Reduction in investment values
- Debt to income ratios
- Parents' refusal to contribute to the student's education
- Parents' inability or unwillingness to borrow Parent PLUS loans
- Lack of credit worthy co-signers

**B. Explanation of Re-Evaluation**

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Please use the area below to explain the reason why this special request is being made and explain the specific fiscal impact (attach a separate page if necessary).

### C. Reduction of Income or Job Loss for 2016

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Please complete the table below and provide documentation if you have experienced a job loss or reduction of income.

*Date of termination or reduction:* \_\_\_\_\_

<b>2016 Gross Income</b>	<b>Earned Income (Year-to-Date)</b>	<b>+</b>	<b>Estimated Income (Present to Year-End)</b>	<b>=</b>	<b>2016 Total Income</b>
<b>Wages, salaries, tips:</b> <i>Father/Stepfather:</i>		+		=	
<i>Mother/Stepmother:</i>		+		=	
<i>Student (if applicable):</i>		+		=	
<i>Spouse (if applicable):</i>		+		=	
<b>Net income or loss from business or farm:</b>		+		=	
<b>Unemployment compensation:</b>		+		=	
<b>Severance pay or vacation payouts:</b>		+		=	
<b>Other taxable income:</b>		+		=	

### D. Required Documentation

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The following documentation is required for **all** special circumstances requests:

- Parent(s) 2016 federal tax return **and** W-2s
- Student 2016 federal tax return and W-2s are required only if the student is independent (able to file the FAFSA without parent information)

Please also submit any additional documentation that supports your explanation for this request. These may include (but are not limited to):

- Statement from employer regarding termination
- Pay stub reflecting change in income or wages
- New employer pay stub showing new wages
- Documentation of unemployment benefits
- Documentation of excessive medical or dental expenses not covered by insurance
- Certificate of divorce or separation
- Business tax returns and balance sheets

Any incomplete request forms will not be reviewed until all necessary documentation has been submitted. Once your request is complete, you will be notified via e-mail of the outcome. The review process may be extended if there is more documentation or clarification needed for the file.

## E. Signatures

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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 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 one-time only offer.

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**Student Signature**

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**Date**

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

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**Date**