2017-2018 Special Circumstance Cover Sheet

Please do not submit a request that we adjust your financial aid application unless you have already applied for financial aid using the Free Application for Federal Student Aid (FAFSA) or Texas Application for Student Financial Aid (TASFA). If you have not already filed the FAFSA or TASFA, please complete the application as soon as possible.

Student Information

Name (Last, First, Middle Initial)

UTD ID

Signature and Certification

Congress has provided financial aid administrators at colleges and universities the authority to make adjustments to the information provided on the FAFSA when special circumstances exist. Such circumstances include the parent of a dependent student losing his or her job; the separation or divorce of a dependent student’s parents; the death of a parent; extraordinary medical expenses; or the inflation of the income reported on the FAFSA by a one-time financial event; for independent students, the loss of income from employment when returning to school.

UT Dallas financial aid administrators welcome the opportunity to review your special situation. When we are able we will make adjustments to your financial aid application or your calculated cost of attendance.

We are limited in our use of this “professional judgment” to extenuating circumstances. We may only use this authority when we have adequate documentation to support our decision.

Provide us with a letter, preferably typed, indicating what situation you would like us to consider. Please be as brief as possible while still providing us with enough information to make a decision.

Student Certification:

- I certify that the appeal I have submitted is the truth and correct to the best of my knowledge.
- I realize that if I do not provide documentation, this request will not be processed and no changes will be considered.
- I agree to provide additional information if asked by the Office of Financial Aid.
- I understand that I must promptly report any changes in the information reported on this form and that such changes may impact my eligibility for financial aid programs.
- I understand that false statements or misrepresentations will be cause for denial, reduction, or repayment of financial aid received.

Student Signature ___________________________ Date ____________________

Parent/Spouse Signature ___________________________ Date ____________________

With few exceptions, you are entitled on your request to be informed about the information UTD collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have UTD correct information about you that is held by us and that is incorrect.
The following documentation is required for:

**LOSS OF EMPLOYMENT:**
Student/spouse/parent was working during 2015 but is now working fewer hours or is unemployed.
- Letter indicating what situation you would like us to consider
- Last check stub(s) from previous employer(s)
- Letter from previous employer(s) stating date of termination
- Last check stub or explanation of benefits letter from unemployment
- An estimate of 2017 income from all sources, including unemployment insurance and severance.

**LOSS OF BENEFITS:**
Student/spouse/parent has lost some or all benefits.
- Letter indicating what situation you would like us to consider
- Last check stub(s) or printout of benefit(s) received during 2015
- Letter from agency verifying date and amount of benefits lost

**DEDUCTION OF ONE-TIME PAYMENT:**
Student/Spouse/Parent received a ONE-TIME PAYMENT (pension, IRA, annuities, gambling winnings, settlement, etc.).
- Letter indicating what situation you would like us to consider
- Receipt(s) and/or statements showing amount of one-time payment and where one-time payment was spent
- Copy of bank account statements
- Estimate of 2017 income from all sources, including unemployment insurance and severance

**DEATH OF A SPOUSE OR PARENT:**
Spouse/parent passed away after the FAFSA was filed.
- Letter indicating what situation you would like us to consider
- Copy of Death Certificate
- Estimate of 2017 income of surviving spouse

**SEPARATION OR DIVORCE:**
Student/parent was married when the FAFSA was filed, but has now separated or divorced.
- Letter indicating what situation you would like us to consider
- Court documentation verifying legal separation or divorce
- Estimate of 2017 income for custodial parent; for independent students, the student’s income.

**EXTRAORDINARY MEDICAL EXPENSES:**
Student/spouse/parent has extraordinary medical expenses NOT covered by insurance.
- Letter indicating what situation you would like us to consider
- Copy of bills and receipts of payment

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