



DIVISION OF ENROLLMENT
Financial Aid & Scholarships

2024-2025 Request for Review of Special Circumstances

This form may be submitted if the information on your 2024-2025 FAFSA used to calculate your Student Aid Index (SAI) is no longer an accurate reflection of your current financial status due to an extenuating circumstance (e.g., divorce, death of spouse/parent, loss of income, etc.).

Submission of this form does NOT guarantee an adjustment to your information will be made or that additional aid will be awarded. Aid adjustments are subject to program and funding restrictions. Forms must be submitted at least four weeks before the end of the term to allow time for processing.

SECTION A: STUDENT INFORMATION

Student Name	UNT Assigned ID

Step 1: Submit this completed form with all documentation through our secure document uploader:

<https://financialaid.unt.edu/upload>. Include your name and 8-digit UNT ID on every document submitted. **Do not email this form or any documentation.**

Documentation Required:

- A 2023 IRS Tax Return Transcript (irs.gov), or a signed copy of 2023 IRS 1040 form, for student and spouse/parent(s);
- A 2023 IRS Wage and Income Transcript (irs.gov), or copies of all 2023 W-2's, for student and spouse/parent(s);
- Typed personal statement on the circumstances. Statement should be brief and concise.

Step 2: Monitor your UNT EagleConnect email account. Additional information may be requested depending on your individual circumstance. Communications are sent to the student through their UNT EagleConnect email account.

SECTION B: CERTIFICATION

I certify that the information contained on this form is correct. I understand that if I purposely give false or misleading information or forged signatures on this form, I may be fined \$20,000, sent to prison, or both; and it may result in the cancellation or repayment of all or part of my financial aid. I understand that I must sign and return this form with all required documentation for my request to be reviewed. **Electronic signatures are not accepted.**

Student Signature (*Required*)

Date

X _____

Spouse Signature (*Required if Student is Married*)

Date

X _____

Parent Signature (*Required if Dependent on FAFSA*)

Date

X _____

Return this completed form with any required documentation to:

Financial Aid & Scholarships, University of North Texas - 1155 Union Circle #311370, Denton, TX 76203-5017
or fax to (940) 565-2738 or save as PDF and upload to <https://financialaid.unt.edu/upload>

STUDENT NAME _____

UNT ID # _____

SECTION C: INDICATE CIRCUMSTANCE

Circumstance	Person Affected	Effective Date	Additional Supporting Documentation
<input type="checkbox"/> Divorce, or <input type="checkbox"/> Separation, or <input type="checkbox"/> Marriage, or <input type="checkbox"/> Death	<input type="checkbox"/> Student <input type="checkbox"/> Parent		<ul style="list-style-type: none"> Divorce: court documentation/decree Separation: court documentation Marriage: copy of marriage certificate Death: copy of the death certificate or obituary
<input type="checkbox"/> Loss/ reduction in Income	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent		<ul style="list-style-type: none"> If currently employed, documentation showing current Year-to-Date earnings.
<input type="checkbox"/> Loss of Benefits (ex. Child support)	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent		<ul style="list-style-type: none"> Documentation of the termination of benefits.
<input type="checkbox"/> One-Time Benefit or Payment	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent		<ul style="list-style-type: none"> Documentation of the one-time benefits, and Statement explaining how benefits were used.
<input type="checkbox"/> Extenuating Unreimbursed Medical or Long-term care Expenses	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent		<ul style="list-style-type: none"> Receipts/documentation of expenses paid out of pocket and not covered by insurance during the 2024-2025 academic year. (Patient must be member of family size.)
<input type="checkbox"/> Multiple members of household in college	<input type="checkbox"/> Student <input type="checkbox"/> Parent		<ul style="list-style-type: none"> Statement to include family member's name, age, relationship to student, and full name of college or school attending
<input type="checkbox"/> Other circumstance not listed on this form	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent		<ul style="list-style-type: none"> Explanation and documentation of the "other" circumstance that demonstrates a significant impact to household income for the 2024-2025 academic year.

SECTION D: 2024 Income

- **Include Actual and Anticipated Income for the Entire 2024 Calendar Year**
- **Do Not** leave any item blank. If an amount is zero or does not apply, please enter \$0 or enter N/A.

2024 Income	Student	Student Spouse	Parent #1	Parent #2
Income from work (wages, tips, etc.)	\$	\$	\$	\$
Tax exempt interest income	\$	\$	\$	\$
Untaxed portions of IRA distributions or pensions	\$	\$	\$	\$
IRA or pension rollover into another qualified plan	\$	\$	\$	\$
IRA deduction & payments to self-employed SEP, SIMPLE and qualified plans.	\$	\$	\$	\$
Business and/or farm income or loss	\$	\$	\$	\$
Foreign earned income exclusion	\$	\$	\$	\$

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