UNIVERSITY OF NORTH DAKOTA

Return this form to:
Mail: One-Stop Student Services
2901 University Ave Stop 7155
Memorial Union Room 302
Grand Forks, ND 58202-7155
Electronic: UND Secure File Drop

2026-2027 Special Circumstance Request – Dependent

Student Name: _____ **Student ID:** _____

Submitting an appeal does not guarantee an adjustment will be made to your financial aid package.

Special consideration may be available if your family's current financial situation is not accurately reflected by the 2024 tax information reported on your FAFSA. You must submit a signed detailed letter explaining the situation and required documentation as outlined below. All documents must be completed and received before the Special Circumstance Committee will review the request. **Please use black or blue ink.**

Checklist for ALL appeals:

- ☐ Parent(s) 2025 Federal Tax Return (signed), Schedule 1 and 3 (if applicable)
- ☐ Signed letter detailing circumstance
- ☐ Parent(s) most recent paystub(s)

Section A: Criteria for Consideration

Check all circumstances you would like to be considered and submit required documentation. The documentation listed below is not an inclusive list. Additional information may be requested on a case-by-case basis.

☐ **Death of parent**

Name of Deceased: _____Date of death: _____/_____/_____

- Death Certificate or Obituary
- Parent(s) 2024 Federal Tax Return (signed), Schedule 1 and 3 (if applicable)
- Parent(s) 2024 W2s

☐ **Parent divorce/separation**

Date of divorce/separation: _____/_____/_____

Name of parent who will provide more than half of your financial support: _____

Number in named parent's family: _____ (include student, parent, any other dependent children, and other people living with the parent)

- Divorce Decree or letter from attorney OR proof of separate residences
  - utility bills, mortgage statements, rental agreement etc.
- Parent(s) 2024 Federal Tax Return (signed), Schedule 1 and 3 (if applicable)
- Parent(s) 2024 W2s

☐ **Parent is retired, unemployed for at least 8 weeks, or has a change in employment resulting in an income reduction**

Relationship: _____ Date: _____/_____/_____

- Unemployment Documentation (if applicable)
- Documentation of situation

☐ **Loss of benefits, such as unemployment, disability, social security, veterans, child support, or alimony**

Relationship: _____ Date: _____/_____/_____

- Documentation of situation

☐ **Non-recurring payments received during the FAFSA tax year will not be repeated**

Type of Income: _____ Date: _____/_____/_____

- Documentation of situation

Section B: Income

Complete the Gross Taxed Income and the Untaxed Income sections below for your family's expected income **prior to exemptions, adjustments, or deductions**. Include all estimated income from January 1, 2026 to December 31, 2026.

Please include estimates for the full year.
If none, enter zero.

Total 2026 Gross Taxed Income	**Parent 1 Income**	**Parent 2 Income**
1. Wages, salaries, tips, severance pay	$_____	$_____
2. Business or farm income (self-employment)	$_____	$_____
3. IRA distributions, pensions, and annuities	$_____	$_____
4. Alimony	$_____	$_____
5. Unemployment Compensation	$_____	$_____
6. Other taxed income (specify) _____	$_____	$_____
Total 2026 Gross Taxed Income	**$_____**	**$_____**

Total 2026 Untaxed Income		
1. IRA deductions and payments to self-employed SEP, SIMPLE, and other qualified plans • 1040 Schedule 1, total of lines 16 + 20	$_____	$_____
2. Untaxed portion of IRA distributions • 1040 line 4a minus 4b	$_____	$_____
3. Untaxed portion of pensions and annuities • 1040 line 5a minus 5b	$_____	$_____
4. Foreign earned income exclusion • 1040 Schedule 1, Line 8d	$_____	$_____

Section C: Signature

I hereby certify that all information contained in this request is true and complete to the best of my knowledge. I understand that all special circumstances are reviewed on a case-by-case basis and the submission/review of this form does not guarantee a change in the student's financial aid eligibility.

_____ _____
Student Signature Date Parent Signature Date

Electronic signatures will not be accepted.