

UNIVERSITY OF COLORADO COLORADO SPRINGS

### 2025-2026 Aid Year

(fall 2025, spring 2026, summer 2026)

Cragmor Hall 1420 Austin Bluffs Parkway Colorado Springs, CO 80918

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719-255-3650

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## **Special Circumstance Appeal Form**

The Special Circumstance Appeal Form can be used if families have experienced special circumstances which merit recalculating the student's 2025-2026 financial aid eligibility based on 2024 income.

Before an appeal can be considered, the student's 2025-2026 Free Application for Federal Student Aid (FAFSA) must be on file with the Office of Student Financial Aid and the student must have received their official 2025-2026 Award Letter.

#### Student First Name Student ID Student Last Name You MUST attach the required documents (see center column below). You may keep this top page for your reference. All documents should be turned in together in order to have your appeal processed in the most timely manner. Required Documents Reasons for Consideration Special Circumstance (All documents MUST be signed) (All documents MUST be signed) Signed written statement detailing the specifics of your circumstance **All Appeals MUST** Include: Submit a complete signed copy of your/spouse's 2024 federal tax returns (including schedules) (Check one. If If dependent, submit a complete signed copy of your parent(s) 2024 federal tax returns (including schedules) there are multiple reasons, Submit copies of all W-2 forms for student/spouse and parent(s), where applicable Please submit the following for a reduction in income: Reduction in Income during 2024 due to: Reduction in Retirement or unemployment benefits statement(s) \*Termination / Layoff from job \*Significant reduction in Income Last pay stub from all employers showing year-to-date earnings work hours \*Retirement \*Returning to school Termination notice from employer, letter of resignation, or DD214 Please submit the following for one-time income: Proof of unusual circumstances that resulted in debt One-Time \*IRS or 401K distribution \*Unusual capital gains Income \*Losses due to natural disaster Account statements from the financial institutions showing the balance after distribution Please submit the following for medical: \*Parent or student paid unusual medical expenses out of pocket which were not covered by insurances or Explanation of benefits (EOB) statements Medical already deducted on taxes. Charges not yet paid Proof of medical expenses incurred in the appropriate year which were cannot be considered. If amount was itemized on a not covered by insurance tax return (Schedule A) we cannot process a request. Please submit the following for death: \*Parent (if dependent) or spouse (if independent) Death Copy of death certificate passes away after the FAFSA has been filed. Copy of death benefits \*Parent (if dependent) or spouse (if independent) no Please submit the following for divorce/separation: Divorce / longer residing in the household due to separation or Separation Copy of legal separation agreement or full divorce decree divorce after the FAFSA has been filed. Please submit the following for marriage: Copies of your/spouse's 2023 Tax Return Transcripts and 2023 W-2 forms Marriage certificate \*Student gets married after the 2025-2026 FAFSA has Marriage been filed. \*Marriage MUST happen prior to Decem-For common law marriage: a benefits enrollment/change form with any necessary ber 31, 2025. supporting documentation for dependent eligibility & enrollment (proof of joint checking account, insurance, or taxes filed jointly). Also a notarized statement confirming your marital status. Two letters from professionals on letter head \*An abusive family environment (forms of domestic Dependency One letter from a relative violence) \*Abandonment by parents \*Incarceration or Override institutionalization of both parents Police reports/court documents (if they exist)



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# **Special Circumstance Appeal Form**

Student Last Name	Student First Name	Student ID
Please provide a signed written statement detailing the specifics of your circumstance below (if more space is needed, please attach):		
By signing your name below and submitting this form, you certify that this information is correct. Should any changes occur to this information, you understand that you must notify the Office of Financial Aid and Student Employment in writing.		
Student Signature	Parent Signature (if dependent on the FAFSA)	Date