

# Special Circumstance Request

Name \_\_\_\_\_, \_\_\_\_\_ UW Campus ID # \_\_\_\_\_  
Last First

If you or your family have experienced significant changes in income or your circumstances that are not reflected on your Free Application for Federal Student Aid (FAFSA®), you may be eligible for a professional judgment. Through professional judgment, a financial aid office may adjust certain elements on the FAFSA® to better reflect your current situation. Requests are reviewed on a case-by-case basis, and to ensure fairness and compliance with federal, state and university regulations, there are limits to the circumstances that can be considered.

Academic year(s) to review (i.e. 2026-27, 2027-28, etc.) \_\_\_\_\_

Check any that apply.

- |                                                                                                                                        |                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Loss of taxed income or job (attach signed copy of most recently filed federal tax return with any schedules) | <input type="checkbox"/> Reduction or loss of untaxed income                                                 |
| <input type="checkbox"/> Experienced by student                                                                                        | <input type="checkbox"/> Death of parent/spouse                                                              |
| <input type="checkbox"/> Experienced by parent of dependent student named on this form                                                 | <input type="checkbox"/> Childcare costs for student's dependents                                            |
| <input type="checkbox"/> Medical/Dental bills not covered by insurance                                                                 | <input type="checkbox"/> Expenses not included in cost of attendance (must be directly related to education) |
| <input type="checkbox"/> Insurance premiums                                                                                            | <input type="checkbox"/> Other: _____                                                                        |

We appreciate that this may be a difficult situation and therefore stressful or uncomfortable to share, but we ask that you provide a detailed statement so we can better understand your situation. If you need more space, attach an additional page. Upon review of your statement, we may find it necessary to request additional information.

Because of funding limits, be aware that a recalculation of your eligibility does not guarantee any additional financial aid will be offered to you. But our team will notify you of any change resulting from your special circumstance.

\_\_\_\_\_  
**Student Signature -**  
Must be signed. Use Adobe Acrobat E-Sign.

\_\_\_\_\_  
Printed/Typed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Parent Signature, if applicable -**  
Must be signed. Use Adobe Acrobat E-Sign.

\_\_\_\_\_  
Printed/Typed Name

\_\_\_\_\_  
Date