

2026-27 Special Circumstance Review Request

Student Last Name:	First:
UA Student ID #:	
The Office of Student Financial Aid at The University of Akron is given authoubmitted on a FAFSA on a case-by-case basis. You may find a sample of syww.uakron.edu/finaid/special. Requests may take 3-4 weeks for review additional is needed, you will be notified via email sent to your UA (Zips) of the Office of Student Control of Studen	ituations in which we may consider making adjustments on our website: . Please do not inquire until at least 3-4 weeks have passed. If anything
Section A: Attach an explanation that details the unusual or special circu	
lescriptive as possible. Make sure the explanation has the student's nan without a written statement.	ne and UA Student ID # at the top. Requests will not be considered
Written statement attached.	
Section B: Supporting Documentation required for ALL review Tax documentation must be presented for the year on the FAFSA before a	
2024 Federal Tax Return Transcript or tax return (1040) for Required for ALL review requests unless noted below. Requ	
Check this box if you previously submitted th	is document to our office for verification, etc.
· · · · · · · · · · · · · · · · · · ·	parents. Do not send 2026 documents! Required for ALL v. Requests will not be considered without this information. is document to our office for verification, etc.
2024 W2s for student/spouse - required for ALL review red	
2024 W2s/Schedule C/C-EZ for parent/s of dependent students unless noted below. <i>Do not send 2026 document</i>	
Section C: Specific supporting documentation required based	on your situation:
☐ Involuntary separation from employment or ☐ Involuntary I	
Effective	
Letter from previous employer (on company letterhead)	
Copy of most recent pay stub showing YTD earnings for t	
when available Statement of unemployment benefits (if r	received)
Divorce or separation or Death of spouse or parent ** On	ly used if both parents' info is reported on current FAFSA
Effective date: Appropriate court docu	ments indicating date of separation or divorce or death certificate
Medical expenses in 2026 <i>not paid by insurance</i>	
	vered by insurance in 2026 and receipts showing payment. Expenses
Other, please describe in detail in a written statement.	
Provide any supporting documentation for other situation	
Loss of Child Support (Toy Datum Transprints /W/2s not require	
Loss of Child Support (Tax Return Transcripts/W2s not require	eu)
Effective date:	
Expected amount in 2026 for all children in household	
Copy of court/legal documentation that shows date child	support payments have/will cease

not include Social Security Income or Disc	ability Benefits.		-	•	
Expected Income July 1, 2026 through June 30, 2027.	Student	Spouse (if applicable)	Parent 1	Parent 2	
Please indicate the name of parent 1, parent 2 according to your FAFSA.					
Wages, tips, salaries. The amount(s) listed should ONLY be income from work. DO NOT include SSI, disability, etc.					
Severance Pay					
Separation Bonus					
Unemployment compensation					
Total Expected Annual Income					
Section E: Household Information					
Dependent students: List the people in your payour parents' other children and other people will be enrolled at least half-time in a degree of attending. Independent students: List the people in your land other people if you will provide more than degree or certificate program between 7/1/26 If more space is needed, continue this table on	if your parents will program by a certificate program by a certificate program by a certificate program by a certificate programs of their support by a certificate programs of the certificate progra	ovide more than half of their suppetween 7/1/26-6/30/27, include ooster children. Include yourself, between 7/1/26-6/30/27. If anyoname of the school they will be	oport between 7/1/26-6/le the name of the school your spouse if married, one will be enrolled at leattending.	/30/27. If anyone I they will be your children	
Full name	Age	Relationship to Student	Name of College/U	niversity in 2026-27	
		Self	The Univers	ity of Akron	
Section F: Certification: Each person signing this worksheet certifies	that all of the informa	tion reported on it is complete	and accurate. Warning:	If you purposely give fals	
or misleading information on this form, you	may be fined, sentend	ced to jail, or both. Electronic si	gnatures will not be acce	epted.	
Student signature:		Date:			
Parent signature:		Date:	Date:		
(Dependent students only)					

Section D: Projected Income for Aid Year 2026-2027. Enter "0" or "N/A" where appropriate. Do not leave any item blank. Do

Do not submit this form until you have gathered all other required documents/forms to avoid delays in processing. When all required documents have been gathered, you may submit all requested documents via the action item link on your Workday Homepage, the link for upload should appear after you notify us of intention to submit. You can also bring it to our office on the 2nd floor of Simmons Hall. Watch for two-sided documents. Be sure to include both sides when faxing. Do not email any documents with personally identifiable information. Please allow up to two weeks for processing. Please note: Your request may not result in an increase of your financial aid eligibility. You will be notified of the result of your request via email sent to your official UA email address.

Allow at least four weeks for review after submitting all required documents. If anything additional is needed from you, you will be notified via workday. Missing or incomplete information will cause delays.

Please note: Completion/submission of this form does not guarantee an adjustment of your financial aid. You will be notified of the result of your request via email sent to your official UA email address. All decisions are final and cannot be appealed to the U.S. Department of Education.