2020-2021 Special Circumstance Request

Once we have received all the requested supporting documentation, please allow our office up to 3 weeks to review your Special Circumstance Request.

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<th>Student Information</th>
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<tr>
<td>Name (Last, First, Middle Initial)</td>
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<td>UTD ID</td>
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Purpose

The purpose of the Special Circumstance Request is to allow the UT Dallas Office of Financial Aid to take into consideration changes in your family’s financial situation that have arisen since the FAFSA or TASFA was filed. Upon the submission of your request and the required supporting documentation, we will review your unique situation and, if possible, make adjustments to your FAFSA, TASFA, or Cost of Attendance in order to account for your special circumstances.

Instructions and Supporting Documents

Check the box below to indicate the circumstance(s) you would like us to consider. Along with this cover sheet, please submit a letter explaining the circumstance(s) you would like us to consider, as well as the supporting documents listed under each situation you select. Our office must have received your 2020-2021 FAFSA or TASFA before we are able to review your request.

Please note that additional documentation may be required upon review of your request. If additional documentation is needed, we will notify you by sending an email to your UT Dallas email address.

- ☐ Loss of Employment
  (e.g. loss of a job or reduction in hours/wages)
  - Letter explaining the situation you would like us to consider
  - Last check stub(s) from previous employer(s) or explanation of benefits letter from a state unemployment agency
  - Letter from previous employer(s) confirming date(s) of termination
  - Estimate of 2020 income from all sources, including unemployment insurance and severance OR a copy of the IRS 2019 Tax Return Transcript or a signed copy of the 2019 tax return with all numbered schedules (only if 2019 income is expected to be similar to 2020 income)

- ☐ Loss of Benefits
  (e.g. loss/reduction of child support, taxable Social Security, military benefits, etc.)
  - Letter explaining the situation you would like us to consider
  - Last check stub(s) or printout of the benefit(s) received
  - Letter from agency verifying date(s) and amount(s) of benefits lost. For loss/reduction of child support, a copy of the divorce decree/court order
UTD ID: ________________________   STUDENT’S NAME: __________________________________

☐ Deduction of One-Time Payment
(e.g. pension/annuity/IRA distribution, gambling winnings, settlement, etc.)
- Letter explaining the situation you would like us to consider
- Receipt(s) and/or statements showing amount of one-time payment and where one-time payment was spent
- Copy of bank account statements
- Estimate of 2020 income OR a copy of the IRS 2019 Tax Return Transcript or a signed copy of the 2019 tax return with all numbered schedules (only if 2019 income is expected to be similar to 2020 income)

☐ Death of a Spouse or Parent after the FAFSA was filed
- Letter explaining the situation you would like us to consider
- Copy of death certificate
- Estimate of 2020 income for surviving spouse OR a copy of the IRS 2019 Tax Return Transcript or a signed copy of the 2019 tax return with all numbered schedules (only if 2019 income is expected to be similar to 2020 income)

☐ Separation or Divorce after the FAFSA was filed
- Letter indicating the situation you would like us to consider
- Court documentation verifying legal separation or divorce
- Estimate of 2020 income for custodial parent/independent student OR a copy of the custodial parent's/student’s IRS 2019 Tax Return Transcripts or a signed copy of the 2019 tax return with all numbered schedules (only if 2019 income is expected to be similar to 2020 income)

☐ Extraordinary Medical Expenses NOT covered by insurance
Note that we cannot consider unpaid medical expenses/bills as part of a request for this category.
- Letter indicating the situation you would like us to consider
- Copy of medical bills and receipts/proof of payment

If you have experienced a change in financial situation due to a circumstance other than those listed above, please contact our office by emailing financial-aid@utdallas.edu or by calling 972-883-2941.

Signature and Certification
Each person signing this form certifies that the request submitted is true and correct and that they will promptly report to the Office of Financial Aid if there are any changes to the information provided in this request.

Student Signature ________________________________________ Date ______________________

Parent/Spouse Signature _________________________________ Date ______________________

Please submit your request and supporting documentation to the Office of Financial Aid by:
Email: financial-aid@utdallas.edu or Fax: 972-883-6803 or In-person drop-off: Student Services Building, first floor

With few exceptions, you are entitled on your request to be informed about the information UTD collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have UTD correct information about you that is held by us and that is incorrect.