

2021-22 Special Circumstance Review Request

Student Last Name:	First:			
UA Student ID #:				
The Office of Student Financial Aid at The University of Akron is given authority by federal regulations to make adjustments to information submitted on a FAFSA on a case-by-case basis. You may find a sample of situations in which we may consider making adjustments on our website: www.uakron.edu/finaid/special. Requests may take 3-4 weeks for review. Please do not inquire until at least 3-4 weeks have passed. If anything additional is needed, you will be notified via email sent to your UA (Zips) email address.				
	pecial circumstance that you were unable to address on your FAFSA. has the student's name and UA Student ID # at the top. Requests will			
Written statement attached.				
Section B: Supporting Documentation required for ALL review	requests (unless otherwise noted):			
Missing or incomplete information will delay processing. 2019 Federal Tax Return Transcript or tax return (1040) for for ALL review requests unless noted below. Requests will no				
2019 Federal Tax Return Transcript or tax return (1040) for review requests for dependent students unless noted below	•			
2019 W2s for student/spouse - required for ALL review required	uests unless noted below. Do not send 2020 documents!			
2019 W2s/Schedule C/C-EZ for parent/s of dependent students - required for ALL review requests for dependent students unless noted below. <i>Do not send 2020 documents!</i>				
Section C: Specific supporting documentation required based	on your situation:			
☐ Involuntary separation from employment or ☐ Involuntary loss of income				
Effective	date:			
Letter from previous employer (on company letterhead) indicating start and end dates and year-to-date earnings				
Copy of most recent pay stub showing YTD earnings for the person(s) whose income was reduced or 2021 W2 when available				
Statement of unemployment benefits (if received)				
Divorce or separation or Death of spouse or parent ** Onl	y 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 2021 <i>not paid by insurance</i>				
Signed and dated summary totaling those expenses not covered to the summary total signed and dated summary total signed	vered by insurance in 2021. Expenses must have occurred in 2021.			
Parent in college (full-time enrollment) - dependent students 2021-22 Parent in College Form	ONLY (Tax Return Transcripts/W2s not required)			
Loss of Child Support (Tax Return Transcripts/W2s not require	ed)			
Effective date:				
Expected amount in 2021 for all children in household				
Copy of court/legal documentation that shows date child	support payments have/will cease			

Other, please describe in detail in a written statement and submit supporting documentation.

Section D: Projected Income for Cales Enter "0" or "N/A" where appropriate.		m blank. Do not include So	cial Security Income or	Disability Benefits.
Expected Annual Income January 1, 2021 through December 31, 2021.	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 parents' other children and other people if your enrolled at least half-time in a degree or cert	our parents will provide	more than half of their support	rt between 7/1/21-6/30/2	2. If anyone will be
Independent students: List the people in you other people if you will provide more than ha certificate program between 7/1/21-6/30/22	alf of their support betw	een 7/1/21-6/30/22. If anyon	e will be enrolled at least h	
If more space is needed, continue this table of	on a separate page with	the student's name and stude	ent ID number at the top.	
Full name	Age	Relationship to Student	Name of College/University in 2020-21	
		Self	The University of Akron	
Section F: Certification:				
Each person signing this worksheet certified or misleading information on this form, you				

When all required documents have been gathered, you may submit your information by: a) mail to the address below; b) fax to 330-972-7139; c) upload via the Upload Tool in the Student Center of MyAkron (under "Finances"); or d) deliver to the Office of Student Financial Aid, 2nd Floor, Simmons Hall. 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. Watch for two-sided documents. Be sure to include both sides when faxing. Do not email any documents with personally identifiable information. Incomplete submissions will cause a processing delay.

Date:

Date:

Student signature:

Parent signature:

(Dependent students only)

Allow at least four weeks for review after submitting. If anything additional is needed from you, you will be notified via email sent to your official UA email address.

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.