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**STUDENT NAME**

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**UMass Global ID NUMBER**

You may request reconsideration of your financial aid award if your financial circumstances have changed significantly or you have special circumstances that were not reported on your initial financial aid application. Changes resulting from this review do not guarantee an increase in aid.

**What is the change in circumstances? (check all that apply)**

- |                                                                                                               |                                                                                                |
|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Termination of employment or other employment change                                 | <input type="checkbox"/> Unusual medical/dental bills                                          |
| <input type="checkbox"/> Retirement                                                                           | <input type="checkbox"/> Expenses associated with the care of an elderly parent or grandparent |
| <input type="checkbox"/> Disability                                                                           | <input type="checkbox"/> Child care expenses                                                   |
| <input type="checkbox"/> Loss of untaxed income (e.g., child support, Social Security, unemployment benefits) | <input type="checkbox"/> Accessibility expenses                                                |
| <input type="checkbox"/> Recent separation/divorce                                                            | <input type="checkbox"/> Other circumstances (explain in personal statement)                   |

**Supporting documentation included (check all that apply)**

- ☐ Termination/severance letter
- ☐ Most recent paystub showing new/changed salary
- ☐ Final paystub from previous employer
- ☐ Statement of unemployment benefits
- ☐ 2019 federal income tax return
- ☐ Copy of medical/dental bills showing unreimbursed expenses
- ☐ Statement of disability benefits
- ☐ Child care expense receipts
- ☐ Other: \_\_\_\_\_

**Attach a personal statement**

You must attach a personal statement explaining the circumstances on which your review request is based and their effect on your or your family's ability to contribute toward your education costs. Please provide as much detail as possible to help us better understand your financial situation.

**Substantial changes in 2019 and/or 2020 income**

If your review request is based on a substantial **change to income in 2019**:

- Include a copy of your 2019 federal tax return along with your documentation.

If your review request is based on a substantial **change to your income in 2020**:

- Itemize below all sources of income, both taxed and untaxed, that you expect to receive in 2020. Use pre-tax income figures and include a number for each item; if the amount is zero, put \$0.

**Anticipated 2020 income source:****2020 pre-tax amount:**

Student's wages, salaries, tips	\$
Spouse's wages, salaries, tips	\$
Interest income or dividends	\$
Alimony received	\$
Net income from business or farm	\$
Net rental income (or loss)	\$
Pensions, annuities, royalties, partnerships, estates, trusts, etc.	\$
IRA distributions	\$
Capital gains (or losses)	\$
Unemployment compensation, severance pay, etc.	\$
Other taxable income (specify sources: )	\$
Child support received	\$
Contribution to tax-deferred retirement plans (401k, 403b, etc.)	\$
Untaxed disability income or Social Security Income	\$
Other untaxed income (specify sources: )	\$
TOTAL:	\$

I CERTIFY THE SUBMITTED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I HAVE READ EACH SECTION AND HAVE PROVIDED THE REQUIRED DOCUMENTATION. I UNDERSTAND THAT UNDERESTIMATING PROJECTED INCOME COULD RESULT IN REDUCED ELIGIBILITY AND/OR REPAYMENT OF AID AND/OR DENIAL OF FUTURE REVIEWS/APPEALS.

\_\_\_\_\_  
STUDENT SIGNATURE\_\_\_\_\_  
DATE

Submit completed form with supporting documents via the Student Portal or by:  
Fax: 866-659-1147  
Mail: UMass Global, Financial Aid Office, Third Floor 16355 Laguna Canyon Rd, Irvine, CA 92618