

2026-2027 STUDENT SPECIAL CIRCUMSTANCES FORM

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STUDENT NAME

UMass Global ID NUMBER

You may request reconsideration of your financial aid award if you or a family member have special circumstances. Changes resulting from this review do not guarantee an increase in aid. Once this form and all supporting documentation have been received, your request will be reviewed within 14 business days.

Steps for Special Circumstances Request:

Complete and submit the following to UMass Global Financial Aid Office: (Include your name and ID number on every document submitted or uploaded through the portal.)

1. This **hand-signed and dated** form with all sections completed in full;
2. A **typed**, signed, dated, maximum one-page, explanation of your individual circumstances (handwritten statements are unacceptable);
3. A **hand-signed** copy of 2025 1040 form or Tax Return Transcript (irs.gov) for student, student’s spouse (and parent(s) if student is a dependent student);
4. All 2025/2026 W-2’s for student and spouse/parent(s); and
5. All documentation indicated in Section B below pertaining to your circumstance. Additional information may be requested from you depending on your individual circumstances. This will be communicated to you through the UMass Global student Portal and student email account.

A. What is the change in circumstance?

Only one reason is needed. You may check all that apply. **For each circumstance checked, supporting documentation must be provided.**

	Change in circumstance	Date of change (mm/dd/yyyy)		Change in circumstance	Date of change (mm/dd/yyyy)
	Termination or other employment change			Childcare or elder care expenses	
	Retirement or Disability			Unusual losses claimed on tax return	
	Loss of untaxed income			Severe disability expenses	
	Medical/dental bills not covered by insurance			Housing change resulting in homelessness (student)	
	Recent divorce or separation of parents*			Other (describe in personal statement)	

* Per federal rules, students over the age of 24 cannot update their own marital status if it was accurate at the time they initially signed the FAFSA.

B. Supporting documentation included (check all that apply)

	Severance letter		Medical/dental bills showing unreimbursed amount
	Most recent paystub showing changed salary		Disability benefits statement
	Final paystub from previous employer		Child/elder care expense receipts
	Unemployment benefits statement		Other
	2024 Federal Income Tax Return		

C. Do you (or someone in your household) receive any of the following assistance?

If yes, please provide documentation of benefits

	Medicaid or Supplemental Security Income (SSI)		Temporary Assistance for Needy Families (TANF)
	Supplemental Nutrition Assistance Program (SNAP)		Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
	Free or Reduced-Price School Lunch		Medicaid

D. Personal Statement

Attach a personal statement explaining your circumstances. Please provide as much detail as possible to help us better understand your changed financial situation.

This must be a **typed**, signed, dated, maximum one-page, explanation of your individual circumstances (handwritten statements are unacceptable).

E. Employment Status

Please briefly explain your employment status in 2025:

Please briefly explain your employment status in 2026:

F. Substantial changes in 2025 and/or 2026 income:

- a. If your review request is based on a substantial **change to income in 2025**:
 - Include a copy of your 2025 federal tax return along with your documentation.

- b. If your review request is based on a substantial **change to income in 2026**:
 - Itemize below all sources of income, both taxed and untaxed, that you expect to receive in 2026.

Use pre-tax income figures and include a number for each item; if the amount is zero, put \$0.

Anticipated 2026 income source:

2026 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 (wet signature)

DATE

Submit completed form with supporting documents via the **Student Portal** or
Mail to: UMass Global Financial Aid Office, 65 Enterprise, Suite 150, Aliso Viejo CA 62656-2707