

Appeal Deadline

Fall Term: September 1

Spring Term: January 1

SPECIAL CIRCUMSTANCE APPEAL FORM: INDEPENDENT STUDENT 2025-2026

FOR OFFICE USE ONLY	Student Name:	
Verification Status: Completed	Student ID: Phone() -	
Original SAI:		
Adjusted SAI:	Student Email:	
Decision: Eligible Ineligible		
Director/AD Initials:	If you believe that there are special conditions that were not considered in your 2025-2026 Free Application for Federal	
Student Aid (FAFSA), or you can now document a significant change in your household financial circumstances subsequent to filing your FAFSA, please complete this Special Circumstance Appeal Form to request an evaluation of your financial aid eligibility.		
Submission of an appeal does not guarantee approval nor does it guarantee an adjustment to financial aid awards. Additionally, submission of this form does not prevent accrual of late fees on any unpaid student account balances. You are responsible for all outstanding charges with Queens University.		
parameters and that they are accompanied	require that special circumstances fall within certain by supporting documentation in order to recalculate financial eld accountable for all decisions made and must be able to fully	

SECTION I: EXPLANATION OF SPECIAL CIRCUMSTANCES

Attach a typed statement that explains your circumstances in detail, including date change occurred.

document why a decision was made to adjust a student's FAFSA. If an appeal is incomplete it will not be

SECTION II: REASON FOR SPECIAL CIRCUMSTANCE APPEAL

Select the applicable circumstance for consideration below and provide **all** applicable documents listed under each condition that applies to you. Additionally, you must also submit the following:

- 2023 and 2024 Federal Tax Returns, including all schedules; and 2023 & 2024 Tax Return Transcripts (available at www.irs.gov) for student and spouse, if applicable
- W-2's for student and spouse, if applicable

Loss of employment or reduction in wages:

reviewed.

- Last paystub from employer and if student is married, current paystub for spouse
- Letter from previous employer verifying job status/change, including severance benefits
- Official statement of unemployment (from State Dept. of Labor, showing beginning and end dates of benefits)
- For reduction in wages, indicate date the change occurred:
- Attach a copy of the statement of disability or social security benefits including date benefits will start

Loss of benefits or untaxed income:	
 Unemployment Benefits (attach a copy of notification of loss of unemployment benefits 	
indicating benefit ending date and monthly amount received before loss)	
Child Support (attach a copy of the Court of Child Service Agency documents stating benefit Support (attach a copy of the Court of Child Service Agency documents stating benefit Support (attach a copy of the Court of Child Service Agency documents stating benefit Support (attach a copy of the Court of Child Service Agency documents stating benefit Support (attach a copy of the Court of Child Service Agency documents stating benefit Support (attach a copy of the Court of Child Service Agency documents stating benefit Support (attach a copy of the Court of Child Service Agency documents stating benefit Support (attach a copy of the Court of Child Service Agency documents stating benefit Support (attach a copy of the Court of Child Service Agency documents stating benefit Support (attach a copy of the Court of Child Service Agency documents stating benefit Support (attach a copy of the Court of Child Service Agency documents stating benefit Support (attach a copy of the Court of Child Service Agency documents stating benefit Support (attach a copy of the Court of Child Service Agency documents stating benefit Support (attach a copy of the Court of Child Service Agency documents stating benefit Support (attach a copy of the Court of Child Service Agency documents stating benefit Support (attach a copy of the Court of Child Service Agency documents stating benefit Support (attach a copy of the Court of Child Service Agency documents stating benefit Support (attach a copy of the Court of Child Service Agency documents stating benefit Support (attach a copy of the Court of Child Service Agency documents stating benefit Support (attach a copy of the Court of Child Service Agency documents stating benefit Support (attach a copy of the Court of Child Service Agency documents stating benefit Support (attach a copy of the Court of Child Service Agency documents stating benefit Support (attach a copy of the Chi	
ending date and monthly amount received before loss)	
Other Untaxed Income (attach documentation verifying the change in untaxed income before loss) Patients and	
Retirement:	
 Attach a copy of the retirement (IRA distribution, pension benefits, or annuities) or social security benefits verification (Form SSA-1099-Social Security Benefit Statement) that shows the 	
total amount to be received and the date benefits will start. Include documentation of other	
income received	
Divorce or separation:	
Date of separation or divorce:	
Attach separation papers or agreement, divorce decree/statement, a letter from a	
participating attorney or mediator stating marital status. Please also document separate	
residences (i.e. utility bills, lease or mortgage statement).	
Death of a spouse:	
 Attach documentation of death (e.g., copy of death certificate, obituary, and/or funeral 	
program) 2023 W-2's (for student). Document any income from social security benefits,	
pension or other compensation	
Continuing and unusually high medical and/or dental expenses not itemized of Federal Tax	
Return or covered by insurance:	
 Attach a copy of 2023 & 2024 tax returns including all schedules and IRS tax return transcripts. Also attach medical, 	
dental and pharmacy bills that were paid out of pocket in calendar year 2024	
One time income:	
Attach documentation of distribution (retirement plan, IRA distribution, Form 1099, roll over documentation, Letter from a replacement plan.)	
letter from employer, etc.)	
PLEASE NOTE: We are unable to consider an appeal for circumstances that include, but are not limited to:	
High consumer debt and other discretionary spending, expenses that have not yet occurred, students with prior	
Special Circumstances who underestimated their income, reductions in pay due to voluntary overtime, personal	
choice to leave job, bankruptcy proceedings, gambling/lottery winnings, bonuses, inheritances, settlements, life	
insurance, capital gains, etc.	
CECTION III. ACKNOWN EDGENAENT	
SECTION III: ACKNOWLEDGEMENT:	
By signing below,	
 I/We affirm that the data contained on this form and on all attached supporting documentation is true and complete to the best of our knowledge. 	
2. I/We acknowledge that submission of an appeal does not guarantee an adjustment to the student's award.	
3. I/We recognize that submission of an appeal does not prevent the accrual of late fees on unpaid balances and	
will make arrangements to pay our bill on time and not wait for the outcome of this appeal.	
4. I/We understand that if any of our projections change, we will immediately notify the Office of Student Financial	
Services.	
5. We will provide all required documents as requested, to the Office of Student Financial Services, and understand	
that my appeal will not be processed until all documents are submitted.	
Students will be notified, via email to their Queens email address, of the special circumstance appeal decision. Please sign and submit this form, including all supporting documentation, to the Student Financial Services Office by the stated deadline	
Student Signature: Date:	
Student Signature:Date:	

_Date:__

Spouse Signature:__