



This form is for **dependent** students (who were required to provide parent information on the FAFSA) whose family experienced a reduction in income and/or incurred unusual expenses in 2025.

The U.S. Department of Education grants authority to Financial Aid Administrators to make adjustments on a case-by-case basis to the data elements used in the FAFSA Student Aid Index (SAI) calculation in order to reflect more accurately the financial need of students and families with special circumstances. In making these case-by-case determinations, the school must obtain documentation that supports and substantiates the reason(s) for any adjustment. ***Please read the instructions carefully and include any additional documentation that is requested, along with a signed copy of your 2025 income tax returns(s).*** Fill out each section that applies to you. Note that not all changes will result in additional aid eligibility.

Student Last Name: _____ Student First Name: _____ NU Student ID: _____

In the space provided below, please explain your request for special consideration. Be as detailed as possible in your explanation and include specific dates whenever possible. You may attach an additional sheet of paper if more than the allotted space is needed. Some examples of special consideration include:

- Loss or reduction of employment or income/wages (include the **date** in which the employment loss and/or other loss of income occurred).
- Loss of wage earner due to death, divorce, or separation.
- Termination or reduction of child support, alimony, assets, or Social Security Dependent Survivor Benefits.
- Incurred unusual expenses causing undue financial hardship.

[illegible]

If you or your parent(s) had a reduction in income for 2025, submit the following items along with this form:

- A signed copy of the **2025** income tax return(s) and schedules for both student and parent(s)
- Most recent earnings statement(s) and/or paystub(s) for both student and parent(s)
- Documentation of other income received for both student and parent(s)

Once you have gathered the required documents, **proceed to complete Section D.**

Section D: Income Earned in 2025

If you or your parent(s) had a reduction in income for 2025, complete the table below. Enter \$0 for any income not received in 2025.

Taxable/Non-Taxable Income & Benefits for 2025 (from January 1, 2025 – December 31, 2025)			
Income for 2025	Student	Parent 1	Parent 2
Income earned from work (non-tax filers attach copy of all W-2 and/or 1099 forms)	\$	\$	\$
Other taxable income (do not include unemployment income)	\$	\$	\$
Untaxed portions of Individual Retirement Account (IRA) distributions (withdrawals)	\$	\$	\$
IRA deductions and payments to self-employed SEP, SIMPLE, and qualified plans	\$	\$	\$
Untaxed portions of pension and annuity distributions (withdrawals)	\$	\$	\$
Child support received	\$	\$	\$
Totals	\$	\$	\$

Section E: Unusual Expenses

If you or your parent(s) had unusual expenses in 2025 causing undue financial hardship, check the appropriate box(es) and complete the applicable section(s) below. If this section does not apply, leave blank and proceed to Section F.

☐ **Costs Associated with Additional Family Member(s) in College for 2025 calendar year**

Of those included in your parent's household/family size on the FAFSA, list the additional family member(s) enrolled in a program leading to a college degree or certificate at a post-secondary educational institution and complete the table below. **Do not include the student.**

Additional Family Member's Name	Age	Relationship to Student	Name of College/University	Total Costs Paid by Parent
				\$
				\$
				\$

☐ **Unusual Medical/Dental Expenses**

Amount paid out of pocket for medical/dental insurance (not including employer's contribution) or medical/dental expenses not covered by insurance in 2025: \$

☐ **Elementary/Secondary School Tuition for 2025 calendar year** (does not include college expenses)

List the amount of tuition that your parent will pay for their dependent child(ren) to attend elementary/secondary school during the 2025 calendar year. Do not include amounts covered by scholarships, waivers, or reimbursed by another source.

Child's Name	Age	Name of School	Amount of Tuition in 2025
			\$
			\$
			\$

☐ **Unusual Debts/Expenses**

List the amount of other unusual debts/expenses you or your parents paid in 2025 (such as dependent care, care of a disabled or elderly family member, other debts for nondiscretionary expenses, etc.). Do not list consumer debt for discretionary expenses.

Type of Debt/Expense	Debt/Expense Paid By	Amount Paid in 2025
		\$
		\$
		\$

Section F: Signature(s)

By signing this worksheet, I/we certify that all information reported on this worksheet is complete and correct and I acknowledge that Special Circumstance Forms may take up to four weeks to process. ****The student and one parent whose information is provided must sign this form****

Student Signature _____ Date ____/____/____

Parent Signature _____ Date ____/____/____

