

**2020-2021
Request for
Reconsideration**



Complete Form & Return via:
Mail: Office of Financial Aid
 9201 University City Blvd. Charlotte, NC 28223
Fax: (704) 687-1461

On Campus: Niner Central, 380 Cone Center
Reminder: No SSN can be accepted via email

You indicated there has been a change of circumstance in your family's financial situation since your Free Application for Federal Student Aid (FAFSA) has been processed. Financial Aid Administrators have the authority to take into consideration unique family circumstances not reflected on the FAFSA. You must provide a detailed explanation for your appeal and submit non-returnable copies of your documentation to the Financial Aid Office. See below for required documentation. When documentation is received, our office will determine if changes can be made to the FAFSA and evaluate your eligibility for additional financial aid. **Submission of a reconsideration does not guarantee a favorable change in your financial aid package.** Processing times vary and during peak periods may take up to 15 business days for a response. You will be notified via your Banner Self Service with an appeal decision. *Please note that all committee decisions are FINAL.

Student Name: _____ Student ID: _____
 Last First

Email: _____ Phone: _____

Section A – Please provide a detailed explanation of your change of circumstance. Be as specific as possible, including dates when applicable. You will also need to provide additional documentation listed below depending on the circumstances that led to your appeal.

| Check Reason | Documentation Required |
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| <input type="checkbox"/> COVID-19 Related Job/Income Loss | <ul style="list-style-type: none"> • 2020-2021 Request for Reconsideration Form • Detailed letter explaining your circumstances • The last pay stub received from former employer (if job is terminated) • A pay stub from prior to loss of income and the most recent pay stub showing change of income (if the job continues but the income has decreased) • Copy of unemployment letter or signed statement that you do not or will not receive benefits • Copy of severance pay received, if any • For Reconsideration Requests due to job loss, or loss of income, there is a waiting period of 6 weeks from last day of employment |
| <input type="checkbox"/> Loss or change in employment | <ul style="list-style-type: none"> • 2020-2021 Request for Reconsideration form • Request for Reconsideration due to job loss, there is a waiting period of 6 weeks from last day of employment • Detailed letter explaining your circumstances • Copy of 2018 & 2019 IRS Tax Return Transcripts and W-2's for student and parents (if dependent) • Letter from former employer(s) stating the last date of employment • Copy of unemployment letter or signed statement that you did not or will not receive benefits • Copy of last pay stub(s) from former employer(s) and current employer(s), if applicable. • Copy of DD-214 if appeal is due to discharge from active military duty • Copy of severance pay received, if any |
| <input type="checkbox"/> Loss or change in amount of child support, social security or other benefits | <ul style="list-style-type: none"> • 2020-2021 Request for Reconsideration form • Detailed letter explaining your circumstances • Copy of 2018 & 2019 IRS Tax Return Transcripts and W-2's for student and parents (if dependent) • If benefit is terminated, provide documentation of monthly benefit amount and date of benefit termination • If benefits are reduced, provide documentation of original amount, date of reduction and reduced amount |

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|--|---|
| <input type="checkbox"/> Divorce or separation of parents or spouse | <ul style="list-style-type: none"> • 2020-2021 Request for Reconsideration form • Detailed letter explaining your circumstances • Copy of 2018 & 2019 IRS Tax Return Transcripts and W-2's for student and parents (if dependent) • Copy of legal separation documentation, verification of separate households, or divorce decree |
| <input type="checkbox"/> Death of parent(s) or spouse | <ul style="list-style-type: none"> • 2020-2021 Request for Reconsideration Form • Detailed letter explaining your circumstances • Copy of 2018 & 2019 IRS Tax Return Transcripts and W-2's for student and parents (if dependent) • Copy of death certificate or obituary • Copy of any life insurance benefits received or expected to be received |
| <input type="checkbox"/> Unusual medical expenses | <ul style="list-style-type: none"> • 2020-2021 Request for Reconsideration form • Detailed letter explaining your circumstances • Copy of 2018 & 2019 IRS Tax Return Transcripts and W-2's for student and parents (if dependent) • Copy of Schedule A for parent and/or student • Please submit verification of payment (e.g. cancelled checks, receipts, credit card statements) <p>Remember that we can only count expenses that you have paid out of pocket. These can include medicine, mileage to and from the doctor or hospital, or necessary medical equipment.</p> |
| <input type="checkbox"/> One-time taxable income (e.g. IRA, Pension distribution, back-year Social Security payments) | <ul style="list-style-type: none"> • 2020-2021 Request for Reconsideration form • Detailed letter explaining your circumstances, including whether or not you plan to make a future withdrawal from an IRA, Pension or 401K) • Copy of 2018 & 2019 IRS Tax Return Transcripts and W-2's for student and parents (if dependent) • Documentation to identify the source of the income • Verification of payment and an itemized statement showing how the funds were spent (e.g. cancelled checks, and receipts) |
| <input type="checkbox"/> Student's parent has retired | <ul style="list-style-type: none"> • 2020-2021 Request for Reconsideration form • Copy of 2018 & 2019 IRS Tax Return Transcripts and W-2's for student and parents (if dependent) • Documentation of monthly income sources for all retirement income, including social security |

Section B – Certification and Signature

By signing below, I certify that the information provided on this form is true and correct to the best of my knowledge. I understand that completing this form does not guarantee a change in my financial aid award. I agree that if requested, I will provide documentation to support the information provided on this form. Finally, I understand that the decision is final and cannot be appealed.

 Student Signature

 Date

 Parent Signature (If Dependent Student)

 Date