

## Request for Review Academic Year 2026-2027

This form may be submitted if the information reported on your 2026–2027 FAFSA no longer accurately reflects your family’s current financial situation due to special or extenuating circumstances.

Submission of this form does **not** guarantee that your FAFSA data will be adjusted or that additional financial aid will be awarded. All requests are reviewed on a case-by-case basis and are subject to federal regulations, institutional policies, and available funding.

Forms submitted without all required documentation and/or signatures will not be reviewed. Our office may request additional documentation to complete the evaluation of your request.

Student Name	Witt ID or Student SSN

**Please complete and submit this form with the following required documentation:**

- A typed, signed, and dated one-page statement explaining your special or extenuating circumstance
- Signed copies of 2025 federal tax returns (as applicable) for:
  - Student
  - Spouse (if married)
  - Parent(s) :*Include all schedules and ensure tax returns are signed*
- Documentation verifying all sources of income, as applicable, for the student, spouse, and/or parent(s), including:
  - 2025 Employer W-2 forms
  - Final pay stubs
  - Severance pay documentation
  - 1099 forms
  - Any other records that reflect current or recent income
- Any additional documentation required to support your specific circumstance (see applicable section below)

If you have been selected for verification, all verification requirements must be completed before your request will be reviewed.

<b>Student Signature</b> <i>(Required)</i>	<b>Date</b>
<b>Spouse Signature</b> <i>(Required if student is married)</i>	<b>Date</b>
<b>Parent Signature</b> <i>(Required if student is dependent on FAFSA)</i>	<b>Date</b>

**Step 2: Select the appropriate type of Special Circumstance and review the supporting documentation required.**

Student Name	Witt ID or Student SSN

Type of Special Circumstance	Effective Date	Additional Supporting Documentation (Refer to Step 1 for Basic Required Documents)
<input type="checkbox"/> Divorce or Separation – not reflected on the 2026-2027 FAFSA <input type="checkbox"/> Student <input type="checkbox"/> Parent		<ul style="list-style-type: none"> <li>• Divorce: Court documents/Divorce Decree</li> <li>• Separation: Court Document or proof of separate households such as rental agreement, utility bill, etc.</li> </ul>
<input type="checkbox"/> Marriage - not reflected on the 2026-2027 FAFSA <input type="checkbox"/> Student <input type="checkbox"/> Parent		<ul style="list-style-type: none"> <li>• Copy of Marriage Certificate.</li> </ul>
<input type="checkbox"/> Death – occurred after the 2026-2027 FAFSA was filed <input type="checkbox"/> Spouse <input type="checkbox"/> Parent		<ul style="list-style-type: none"> <li>• Copy of Death Certificate or official obituary</li> </ul>
<input type="checkbox"/> Involuntary separation <input type="checkbox"/> (or involuntary termination) <input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent		<ul style="list-style-type: none"> <li>• Letter for employer, documenting last day of employment</li> <li>• Year-to-date earnings and last 3 paystubs</li> <li>• Documentation of unemployment benefits</li> <li>• Documentation of Severance</li> </ul>
<input type="checkbox"/> Loss of benefits such as child support or alimony <input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent		<ul style="list-style-type: none"> <li>• Documentation of termination of benefits</li> <li>• Documentation of any benefits received year-to-date</li> </ul>
<input type="checkbox"/> One-time income distribution, capital gain <input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent		<ul style="list-style-type: none"> <li>• Documentation of the one-time benefit or payment</li> <li>• Written explanation of how the benefit was used</li> </ul>
<input type="checkbox"/> Extraordinary PAID medical expenses (in excess of 11% of household AGI) <input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent		<ul style="list-style-type: none"> <li>• Written explanation of the medical expenses (person effected, accident, or long-term illness)</li> <li>• Proof of payments made, not covered by insurance</li> </ul>
<input type="checkbox"/> Other circumstance not listed here <input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent		<ul style="list-style-type: none"> <li>• Documentation to support the “other” special circumstance</li> </ul>

**Step 3:** Provide the following financial information in support of your request. Enter "0" for any fields that do not apply. Complete only the sections that reflect a change in financial circumstances for the applicable party (parent(s), student, and/or spouse, if married). **Do not complete sections where no changes have occurred.**

Student Name	Witt ID or Student SSN

Income, Deductions & Payments	Dependent Student			Independent Student	
	Parent 1	Parent 2	Student	Student	Spouse
Income from wages, tips, etc.					
Interest or dividend income					
Unemployment compensation					
IRA or pension distributions					
Alimony received			N/A		
Child support received			N/A		

Payments to tax-deferred pensions					
Social security income					
Housing allowance for military or clergy			N/A		
Veteran's non-educational benefits			N/A		
Monetary gifts received					

Alimony paid			N/A		
Child support paid			N/A		

Actual 2025 income (year-to-date)					
Anticipated 2026 income					

Other income, including severance					
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**Step 4: Submit this completed (and signed) form and supporting documentation:**

- **Current Wittenberg Students:** Please submit this form and supporting documentation in your Self-Service Portal (<https://selfservice.wittenberg.edu/>)
- **New Incoming Students:** Please submit this form and supporting documentation in your Wittenberg Application portal (<https://apply.wittenberg.edu/portal/admit>)

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 INTERNAL OFFICE USE ONLY:

Date Reviewed/Completed:

Staff Member: