



Office of Financial Aid Services  
 425 S. Wabash Ave - Suite 1M16  
 Chicago, Illinois 60605  
 Phone: (866) 421-0935  
 Fax: (312) 341-3545  
 Email: fas@roosevelt.edu

**2020-2021 SPECIAL CIRCUMSTANCES APPEAL**

Student Name: \_\_\_\_\_ Roosevelt ID: \_\_\_\_\_

The U.S. Department of Education allows the Office of Financial Aid Services to re-evaluate, for its approval, your federal student aid eligibility based on certain circumstances. Please note that when the maximum of fixed federal and/or state student aid amounts have already been awarded, no changes can be made. If your FAFSA was selected for federal verification, the verification must be completed before your appeal can be considered. An appeal submitted without required documentation is incomplete and cannot be reviewed. Additional information and/or documentation may be needed. You will be notified in writing within 10-14 business days about the outcome of your appeal. Student name and RU ID must be on all attachments. **You are responsible for the payment of institutional charges due to Roosevelt University by the published due dates.**

Deadline:  Fall & Fall/Spring Term – October 31st  Spring Term – March 31st  Summer Term – June 30th

Student Name:	<input type="text"/>	Roosevelt ID #:	<input type="text"/>
Street Address:	<input type="text"/>	Phone No#:	<input type="text"/>
City, State, Zip:	<input type="text"/>	Email Address:	<input type="text"/>

**ALL SPECIAL CIRCUMSTANCES REQUIRE (1) 2018 and 2019 federal tax return copies (2) 2018 and 2019 W-2s and (3) the 2020-21 Verification Worksheet in addition to the specific documentation for the special circumstance selected.**

<input type="checkbox"/> Loss of Employment or Loss of Unemployment Benefits <ul style="list-style-type: none"> <li>• Separation letter and last paystub</li> <li>• Documentation of unemployment benefits</li> <li>• Most recent paystub from new employer, if applicable</li> </ul>	Effective Date:
<input type="checkbox"/> Recent Death of a Parent or Spouse <ul style="list-style-type: none"> <li>• Official death certificate</li> </ul>	Effective Date:
<input type="checkbox"/> Dependent student parent or Student Divorce/Separation <ul style="list-style-type: none"> <li>• Copy of divorce decree, court or Court/legal letter of separation</li> <li>• Proof of separate residences and expenses</li> </ul>	Effective Date:
<input type="checkbox"/> Loss of Child Support <ul style="list-style-type: none"> <li>• Court documentation about child support payment/agreement or relevant proof of child support loss or reduction.</li> </ul>	Effective Date:
<input type="checkbox"/> Medical Expenses after insurance that total more than 11% of annual income <ul style="list-style-type: none"> <li>• Documentation of current medical expenses not covered by insurance that represent current out-of-pocket expense -</li> </ul>	Effective Date:
<input type="checkbox"/> One-Time Income Distribution or Payout on 2018 Tax Return <ul style="list-style-type: none"> <li>• Documentation of rollover.</li> <li>• Documentation for other distribution and how it was used.</li> </ul>	Effective Date:
<input type="checkbox"/> Other Extenuating Circumstance <ul style="list-style-type: none"> <li>• Documentation and statement about circumstance and impact on household.</li> </ul>	Effective Date:

Submit this worksheet in person to FAS-1M16/Wabash Building, or by email to [fas@roosevelt.edu](mailto:fas@roosevelt.edu), or by fax to (312) 341-354



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Student Name: \_\_\_\_\_

Roosevelt ID: \_\_\_\_\_

Please explain the details of your special circumstance. Please be as specific and thorough as possible. Attach an additional sheet if needed:

PROJECTED	Parent(s) (DEPENDENT STUDENT ONLY)	Student	Student's Spouse (INDEPENDENT STUDENT ONLY)
Gross earnings from work: January - December			
Unemployment Compensation			
Taxable Social Security Benefits			
Other Taxed Income			
Child Support Received			
Untaxed Welfare/Social Security Benefits			
Workers Compensation			
Interest or Dividend Income			
Other:			
Other:			
	Total \$	Total \$	Total \$

By signing this form, I certify the information on this form and any attachments are accurate and complete to the best of my knowledge. If requested, I agree to provide documentation to verify the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid and, I may be reported to the Office of the Inspector General and/or subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.

PHYSICAL SIGNATURE – DO NOT TYPE		PHYSICAL SIGNATURE – DO NOT TYPE	
<b>Student Signature</b>	<b>Date</b>	<b>Parent Signature (DEPENDENT ONLY)</b>	<b>Date</b>

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