2021-2022 Request for Reconsideration



Complete Form & Return via:

Mail: Office of Financial Aid 9201 University City Blvd. Charlotte, NC 28223

Fax: (704) 687-1461

<u>On Campus</u>: Niner Central, 380 Cone Center <u>Reminder</u>: 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 requested 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 30 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:
•		of circumstance. Be as specific as possible, including al documentation listed below depending on the your appeal.
Check Reason	Documentation Requested	
COVID-19 Related Job/Income Loss	 2021-2022 Request for Reconsideration Form Detailed letter explaining your circumstances including dates when applicable The last pay stub received from former employer (if job is terminated) A pay stub 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 Reconsideration Requests due to job loss, or loss of income, a waiting period of 6 weeks from last day of employment 	
□ Unexpected loss or change in employment	 2021-2022 Request for Reconsideration form Detailed letter explaining your circumstances including dates when applicable Copy of 2020 IRS Tax Return Transcripts for student and parents (if dependent) 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 Request for Reconsideration due to job loss, there is a waiting period of 6 weeks from last day of employment 	
Loss or change in amount of		

benefit termination

amount

or other benefits

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If benefits are reduced, provide documentation of original amount, date of reduction and reduced

☐ Divorce or separation of parents or spouse	 2021-2022 Request for Reconsideration form Detailed letter explaining your circumstances including dates when applicable Copy of 2020 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 	
□ Death of parent(s) or spouse	 2021-2022 Request for Reconsideration Form Detailed letter explaining your circumstances including dates when applicable Copy of 2020 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 	
☐ Unusual medical expenses	 2021-2022 Request for Reconsideration form Detailed letter explaining your circumstances including dates when applicable Copy of 2020 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) 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. 	
☐ One-time taxable income (IRA, Pension distribution, back-year Social Security Payments)	 2021-2022 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 2020 IRS Tax Return Transcripts and W-2's for student and parents (if dependent) Documentation to identify the source(s) of the income Verification of payment and an itemized statement showing how the funds were spent (e.g. canceled checks, and receipts) 	

Section B – Certification and Signature

I understand that completing this form does no	n provided on this form is true and correct to the best of my knowledge t guarantee a change in my financial aid award. I agree that if requested, I wi tion provided on this form. Finally, I understand that the decision is final an
Student Signature	Date
Parent Signature (If Dependent Student)	

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