

2026-27 Special Circumstance Appeal Form and Guidelines

Student Name: _____ **NSHE:** _____

Instructions and Guidelines:

Recognizing that the information reported on the 2026-27 Free Application for Federal Student Aid (FAFSA) does not always reflect a student or family's current financial circumstances, the Office of Financial Aid & Scholarships may reevaluate eligibility for need-based financial aid in extenuating circumstances. Please upload this completed form and all supporting documentation to the [Rebel Success Hub](#) at unlv.today/Rebel-Success. You will be notified of the review/decision by email to your Rebel email account and your [MyUNLV Communication Center](#).

Please allow up to 15 business days from receipt of your completed appeal for our office to carefully review your appeal.

Explanation of Circumstances: In the space below, please explain why the information reported on the 2026-27 FAFSA does not accurately reflect your and/or your family's current financial circumstances. Please provide any relevant dates in your explanation. If you need additional space, please attach a separate page.

Appeals are reviewed once all required documentation is received and complete.

Reason for Appeal and Required Documentation:



One-time income included in 2024 adjusted gross income (AGI).

Examples include: One-time pension/IRA liquidation, settlements, capital gains etc.

- 2024 IRS Tax Return Transcript or signed 2024 tax return (1040 form); OR
- 2024 W-2 Statements; **AND**;
- Documentation of one-time income (e.g. 1099, settlement agreement, etc.)



Loss of income due to job change or reduction of income:

- 2025 IRS Tax Return Transcript or signed 2025 tax return (1040 form) OR;
- 2025 W-2 Statements;
- Last pay stub from previous employer **AND**;
- If applicable, pay stub from current employer.



Loss of Child Support:

- Signed statement explaining the loss of child support. Include any current monthly child support for other children for the 2026 calendar year; **AND**
- Copy of court documentation of loss of child support that includes date of last payment if available.



Extenuating medical/dental expenses PAID in 2024 or 2025:

- IRS Tax Return Transcript or signed tax return (1040 form) for 2024 and/or 2025;
- 2024 and/or 2024 W-2 Statements **AND**;
- If available, 2024 and/or 2025 Schedule A; If Schedule A was not filed, provide documentation of expenses paid which were not reimbursed such as copies of bills showing amounts paid.



Divorce or separation:

- 2024 IRS Tax Return Transcript or signed 2025 tax return (1040 form) **AND**;
- 2024 W-2 Statements **AND**;
- If applicable, explanation of which parent was the source of any non wage income (e.g. which parent received untaxed income, capital gains, etc) **AND**;
- A signed statement indicating month and year of separation and divorce and which parent the student will live with most during the 2026-2027 academic year.

Note: **Independent students** please provide ONLY you and your spousal/ex-spousal information above.



Death of Parent or Spouse:

- IRS Tax Return Transcript or signed tax return (1040 form) for 2024 and/or 2025;
- 2024 and/or 2025 W-2 Statements **AND**;
- Copy of obituary or death certificate or funeral program.

Signature: By signing this form, I certify that all information is complete and accurate.

Please sign before submitting. We can accept digital signatures if drawn in electronic form.

Student Signature: _____ **Date:** _____

Parent Signature (If applicable): _____ **Date:** _____