

# Revision Request for Special Circumstances

Office of Student Financial Services  
P. O. Box 20036 • Houston, TX 77225  
(713) 500-3860 phone • (713) 500-3863 fax  
<https://www.uth.edu/sfs/>

Student ID

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The Office of Student Financial Services has established a student budget for the cost of attendance and personal expenses based upon average yearly costs. Although every effort is made to optimize financial options for students, we understand that extraordinary circumstances may arise that justify a review of your financial situation. In accordance with federal guidance, financial aid counselors may exercise professional judgment in certain situations to update your FAFSA information to more accurately reflect your circumstances.

| Special Circumstances Include             |
|-------------------------------------------|
| Computer Purchase                         |
| Child or Dependent Care                   |
| Death of Parent or Spouse                 |
| Medical or Dental Expenses                |
| Involuntary Employment Loss or Retirement |

Students who meet the above criteria may submit a Special Circumstance request and accompanying documentation after your current year FAFSA has been filed. A determination will be made as soon as practicable after the program census date for the term. Submission of this request does not guarantee a change in financial aid eligibility, but may result in a grant, increased loan eligibility or an adjustment to your Cost of Attendance (COA). The decision of the Financial Aid Appeals Committee regarding adjustments is final and cannot be appealed to the Department of Education. Please visit our [website](#) for more COA details.

Submit forms using the **Document Upload** feature on myUTH. All documents must be clear and legible. Emailed documents will only be accepted when received from the student's university email.

- ▶ Log on to myUTH > Upload Additional Documents > FA Unsolicited Documents > Choose Document type > Submit

## COMPLETE ALL SECTIONS

|                                           |                    |          |                       |
|-------------------------------------------|--------------------|----------|-----------------------|
| Student Last Name                         | Student First Name | M.I.     | Student Program       |
| Student Street Address (include apt. no.) |                    |          | Student Phone Number  |
| City                                      | State              | Zip Code | Student Email Address |

### INSTRUCTIONS

Special Circumstance requests must include the following:

1. Personal statement (signed/dated) with a detailed explanation of your circumstances including dates or a timeline and the reason for your request.
2. Supporting documentation related to your request.
3. Declaration of Circumstances ([page 2 of this form](#))
4. Additional documentation upon request.

**Note:** Receipts and/or documentation must be dated within the time of enrollment for the current award year/academic period. Outdated documentation or expenses incurred outside of the academic period will not be reviewed unless relevant for the Financial Aid Appeals Committee to make a determination.

### CERTIFICATION AND SIGNATURE

Signing below certifies that all of the information reported on this form is true and correct to the best of my knowledge and confirms my acknowledgement of the following:

- I have read each section, have provided the required documentation and agree to provide additional documentation, if requested.
- Submitting this request will allow the Office of Student Financial Services the opportunity to review my circumstances and does not guarantee but may result in a change to my financial aid eligibility or adjustment of my Cost of Attendance (COA).
- The approval of a Special Circumstance appeal from a previous institution may not necessarily impact the decision of UTHealth or UTM DACC.
- I understand that all requested documents must be submitted within 60 days of making a Special Circumstances request, any documents submitted become part of my confidential financial aid record and cannot be returned. Requests may be denied if the requested documentation is not provided within the 60-day timeframe.
- Requests are reviewed and processed as quickly as practicable after the program census date for the term, generally within 30-45 working days after submission. *Note: Processing time may be delayed during peak periods.*
- An aid administrator's decision regarding adjustments is final and cannot be appealed to the Department of Education.

Student Signature (*no electronic signatures accepted*)

Date

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### DECLARATION OF CIRCUMSTANCES

Indicate by checking the circumstance(s) that apply to you.

| Check all that apply | Special Circumstance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Required Supporting Documentation<br>All documentation and/or statements must be signed/dated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                      | <p><b>COMPUTER PURCHASE</b></p> <p>Does not include the purchase of PDAs, iPads, other such electronic devices, toner, computer accessories or paper.</p> <p>Only <b>ONE</b> request may be submitted during the period of undergraduate and graduate studies combined.</p>                                                                                                                                                                                                                                                                                                                                                                    | <ul style="list-style-type: none"> <li>Personal statement</li> <li>Copy of PAID receipt for computer/laptop purchase</li> <li>Copy of the computer specifications from the manufacturer or manufacturer's website</li> </ul> <p>Budget increase for computer purchase cannot exceed \$2500 unless otherwise specified. [Max allowance: SBMI \$2725; UTMDA - does not qualify]</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                      | <p><b>CHILD OR DEPENDENT CARE</b></p> <p>Dependent(s) must be 5 years of age or younger; exceptions may be made for dependents with special needs, contact your Financial Aid Counselor to discuss.</p> <p>If married, your spouse must be employed full-time or be enrolled at least half-time in a postsecondary institution to be considered for a child care revision.</p>                                                                                                                                                                                                                                                                 | <ul style="list-style-type: none"> <li>Personal statement</li> <li>Copy of birth certificate for dependent(s) to be considered</li> <li>Submit a copy of the enrollment and tuition statement from the day care provider. The statement from the provider must include the following:                             <ul style="list-style-type: none"> <li>Name and age of each child</li> <li>Monthly cost per child</li> <li>Dates of enrollment</li> </ul> </li> <li>Proof of spouse's full-time employment (e.g., current pay stub, signed letter from employer on company letterhead), if applicable</li> <li>Proof of spouse's school enrollment from the college they are attending (e.g., letter from Registrar on school letterhead, schedule), if applicable</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                      | <p><b>DEATH OF PARENT OR SPOUSE</b></p> <p>Only applies if both parents/spouse information is on the FAFSA.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <ul style="list-style-type: none"> <li>Personal statement</li> <li>Copy of Death Certificate</li> <li>Billing statement from funeral home verifying expenses not covered/reimbursed by insurance</li> <li>Signed 2024 and 2025 Federal Tax Transcript/Return with applicable schedules of surviving parent/spouse</li> <li>2024 and 2025 W-2 forms or equivalent of surviving parent/spouse</li> <li>Other supporting documentation</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                      | <p><b>MEDICAL OR DENTAL EXPENSES</b></p> <p>Expenses are considered unusual if they exceed 11% of the family's income. Only PAID out-of-pocket expenses will be considered. Prior year expenses and amounts covered by insurance do not apply.</p>                                                                                                                                                                                                                                                                                                                                                                                             | <ul style="list-style-type: none"> <li>Personal statement</li> <li>Signed 2024 and 2025 Federal Tax Transcript/Return</li> <li>Form Schedule A from the 2024 and 2025 Federal Tax Return</li> <li>Explanation of Benefits from insurance company for the services/expenses claimed including the amounts covered or reason for reject.</li> <li>Company invoice including date and description of service and PAID receipts for services rendered</li> <li>Other supporting documentation</li> <li>For chronic conditions requiring monthly medication, you must provide a minimum of 3 months receipts and signed letter from physician indicating duration of condition and names of prescribed medication</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                      | <p><b>INVOLUNTARY EMPLOYMENT LOSS / RETIREMENT</b></p> <p>Invuntary loss of employment or Reduction in Force (lay-off, furlough or company downsized) refers to the cessation or reduction of an individual's employment or contract by their employer for reasons <i>beyond the individual's control</i>.</p> <p>Voluntary termination occurs when an <i>employee</i>, not the employer, makes the decision to leave a job or end a contract early. Considerations <i>will not</i> be made for <i>voluntary</i> termination situations. Include information and documentation for <i>all</i> jobs if employed at more than on occupation.</p> | <ul style="list-style-type: none"> <li>Personal statement</li> <li>Letter from previous employer, on company letterhead, should include:                             <ul style="list-style-type: none"> <li>Name of individual who experienced an involuntary loss of employment or reduction in force</li> <li>Last date of employment or date of separation; effective date of reduction in force</li> <li>Date of final paycheck or year-to-date income; Change in income percentage/amounts</li> </ul> </li> <li>Benefits – include letter/statement from organization that includes the year-to-date amounts and expected distributions for the following:                             <ul style="list-style-type: none"> <li>Severance Package</li> <li>Unemployment Benefits (Texas Workforce Commission or equivalent)</li> <li>IRA or 401k distributions</li> <li>Disability Benefits</li> <li>Retirement Benefits</li> </ul> </li> <li>Year-to-date paycheck stub(s) including any other anticipated income for current year if new employment has been found</li> <li>Signed 2024 and 2025 Federal Tax Transcript/Return with applicable schedules of individual with involuntary employment loss or reduction in force</li> <li>2024 and 2025 W-2 forms or equivalent of individual with involuntary employment loss or reduction in force</li> <li>Other supporting documentation</li> </ul> |