

DALLAS COLLEGE

2025-2026 Request to Evaluate Special Circumstance

Please upload this form in Workday using the upload option provided for this specific action item. If you need assistance, contact Financial Aid at (972) 669-6400 or financialaid@dallascollege.edu.

The purpose of this form is to provide the student with the opportunity to submit a special case for review. To secure a class schedule, the student must ensure tuition is paid in full or has set up a payment plan and be enrolled in a minimum of six (6) credit hours. Student cannot apply for the request if they are not meeting satisfactory academic progress. Request submitted after the semester ends may not be considered.

The Department of Education allows Financial Aid Administrators to consider Special Circumstances that have occurred after the student/spouse and/or parent(s) have submitted an initial 2025-2026 Free Application for Federal Student Aid (FAFSA). The submission of this form is a request for the Office of Financial Aid to review special circumstances of loss/reduction in income, change in marital status, death of a spouse/parent, unusual medical expenses, or other unforeseen circumstances. This form must contain supporting documentation before a request can be considered. All special circumstance decisions are FINAL. Requests are processed as quickly as possible but may take up to 4-6 weeks during peak periods (May-August).

SECTION I: Stu	udent Information		
Last Name	First Name	M.I.	Student ID#
Address		-	Email
City	State	ZIP Code	Primary Contact #
SECTION II: St	udent Reason. Chec	ck the box that bes	st describes the reason for this review.
Student/spo to layoff, te Additional Termin Copy o Copy o	ermination, reduced hours, or reduced documentation: nation/Change of Status notice from flast pay stub from employer(s) she f documentation to verify year-to-co	m work in 2024 will be si ed wages. employer(s) on letterhe owing year to date earni late unemployment bene	ignificantly less than income earned from work in 2023 due ead (as applicable).
Copy o Copy o indicat statem Loss of Inco		ment from attorney on o sical address, and reason ed to the office.	official letterhead, or notarized statements from each personn(s) divorce/legal separation has not been initiated. Notarized
Spouse/Par	Spouse or Parent rent (whose information is on the Faficate or a copy of the obituary.	AFSA) has died AFTER the	e initial FAFSA was submitted. Attach a copy of the applicable

udent	nusual Medical/Dental Expenses and spouse, or parent(s) of dependent student paid medical/dental expenses that were not claimed as a tax deduction on the leral Income Tax Return and exceed 15% of the 2023 Adjusted Gross Income (AGI).
A	dditional documentation:
	Billing and/or insurance statements to verify expenses that were not covered by insurance.
	Proof of payments for expenses that were not reimbursed in 2023.
	Copy of documentation to verify year-to-date unemployment benefits and severance pay (if applicable)
<u></u> _о	ther (i.e., Loss of Child Support, Private School Tuition, retirement)
A	ditional documentation
	Letter form Department of Human Services (DHS) stating child support has been ended.
	Proof of payments/tuition statement from private school for each child attending for 2023, or Letter from the employer stating date of separation, copy of last pay stub, and statement of retirement benefits.
Wha	t you should submit with this form:
\Box	A detailed written statement of the special circumstance(s),
	A copy of 2023 and 2024 Tax Return Transcript(s), or signed 1040 tax forms for student and parent(s), or student and spous
	(if married); only provide 2023 tax transcript/return if you did <u>not</u> link your IRS tax information on your FAFSA.
	Copy of all 2023(if providing 2023 return) and 2024 W-2 Forms/1099-Forms/benefits statements for student and parent(s),
	student and spouse (if married) Additional documentation, as indicated above, for the special circumstance(s)
П	Copy of last pay stub from employer(s) showing year to date earnings

Student's Family Information: List below the people in your household (or parent's household if dependent student). Include the name of the college for any household member who will be enrolled at least half time in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2025, and June 30, 2026. If you are a dependent student, do not include college information for your parents.

If more space is needed, attach a separate page with your name and student ID # at the top.

Full Name	Age	Relationship	College	Will Be Enrolled at Least Half Time
				(Yes or No)
Marty Jones (example)	28	Wife	Central University	Yes

➤ Independent Student's Family Information —include:

- Yourself.
- Your spouse, if you are married.
- > Your children, if any, if you will provide more than half of their support from July 1, 2025, through June 30, 2026, or if the child would be required to provide your information if they were completing a FAFSA for 2025-2026. (Include children who meet either of these standards, even if they do not live with you.)
- > Other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support through June 30, 2026.

> Dependent Student's Family Information —include:

- You and your parent(s) (including a stepparent), even if you don't live with your parent(s).
- Your parent(s)' other children if your parent(s) will provide more than half of their support from July 1, 2025, through June 30, 2026, or if the other children would be required to provide parental information if they were completing a FAFSA for 2025-2026. (Include children who meet either of these standards, even if they do not live with your parent(s).)
- > Other people if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2026.

Note: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in an eligible postsecondary educational institution is inaccurate.

Each person signing below certifies that optional, and if a dependent student, at l	~	complete and correct. The student must sign this	form. If married, the spouse's signature is					
SECTION III: Signat	ture Requireme	ents						
Turning in this form does not establish	sh approval. Once you subm	it this form, you will be contacted by someor	ne in the Financial Aid Office.					
Student Signature	Date	Spouse Signature	Date					
Parent 1 Signature	Date	Parent 2 Signature	Date					
	Office Use Only:							
ApprovedDeniedNot Eligible for Special Circumstance								
Comments:								
Reviewed and Approv								
		CPS Selected for Verification Yes Completed? Yes or No	or No					

Certification and Signature