



**Xavier University Financial Aid Office**  
**Special Circumstance and Professional Judgment Financial Aid Review**  
**Priority Submission Date: April 1st**

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
FAFSA Parent Name \_\_\_\_\_  
Parent Phone \_\_\_\_\_ Parent Email address \_\_\_\_\_

Situations may occur that significantly impact a student's or family's current financial position that are not reflected on the FAFSA. Federal regulations allow financial aid administrators to review these situations on a case-by-case basis. Submission of this form does not guarantee a change to your financial aid eligibility.

**To request a review, you must complete this form and submit a signed letter explaining your situation and including specific details such as the date the situation occurred and the financial impact.** If you wish to submit documentation with this form, you may do so. Your financial aid counselor will contact you within 3-5 business days to discuss your request and determine if additional information is required for review of your circumstances.

**Check all that apply:**

- Loss/Reduction of Work Income.**
- Loss of Untaxed Income or Benefit.**
- Household's unusually high unreimbursed medical and dental expenses.**
- Loss of support from parent or spouse, due to separation, divorce, or death.**
- Unusually high childcare costs or payment of elementary and/or secondary tuition.**
- Received a one-time payment or cash benefit that abnormally affected reported income.**

CERTIFICATION: By signing below, I certify that the information contained on this form and supporting documentation are true and complete to the best of my knowledge. I understand that the Financial Aid Office will review my request on a case by case basis and may request additional information as needed. I understand that the decision is final.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_