



Return this form to:
Mail: DSU Financial Aid Office
 291 Campus Drive
 Dickinson, ND 58601
Electronic: [DSU Secure File Drop](#)

2026-2027 Special Circumstance Request – Independent

Student's Name _____ Student's ID# _____

Submitting an appeal does not guarantee an adjustment will be made to your financial aid package.

Special consideration may be available if your family's current financial situation is not accurately reflected by the 2024 tax information reported on your FAFSA. To request a review of your financial eligibility you must have completed verification (if selected), submit a signed detailed letter explaining the situation and required documentation as outlined below. Forms received without a signed detailed letter of explanation and proper documentation will be returned to the student without being processed. **Please use black or blue ink.**

Checklist for ALL appeals:

- Student (and spouse) 2025 Federal Tax Return (signed), Schedule 1 and 3 (if applicable) or IRS 2025 Tax Transcript
- Signed letter detailing the special circumstance
- Student (and spouse) most recent paystub(s)

Section A: Criteria for Consideration *Check all circumstances you would like to be considered and submit required documentation. The documentation listed below is not an inclusive list. Additional information may be requested on a case-by-case basis.*

Death of spouse

Name of Deceased: _____ Date of death: ____/____/____

- Death Certificate or Obituary
- Student's 2024 Federal Tax Return (signed), Schedule 1 and 3 (if applicable)
- Student's 2024 W2s

Student's divorce/separation

Date of divorce/separation: ____/____/____

Number in student's family: _____ (include yourself, any dependent children, and other people living with you)

- Divorce Decree or letter from attorney OR proof of separate residences
 - utility bills, mortgage statements, rental agreement etc.
- Student's 2024 Federal Tax Return (signed), Schedule 1 and 3 (if applicable)
- Student's 2024 W2s

Student (or Spouse) is retired, unemployed for at least 12 weeks, or has a change in employment resulting in an income reduction

Relationship: _____ Date: ____/____/____

- Unemployment Documentation (if applicable)
- Documentation of situation

Loss of benefits, such as unemployment, disability, social security, veterans, child support, or alimony

Relationship: _____ Date: ____/____/____

- Documentation of situation

Non-recurring payments received during the FAFSA tax year will not be repeated

Type of Income: _____ Date: ____/____/____

- Documentation of situation

Section B: Income

Estimated Income from January 1, 2026 to December 31, 2026

	Student	Spouse
2026 Income earned from work.....	\$ _____	\$ _____
Other Taxable Income/Benefits		
Interest/Dividends.....	\$ _____	\$ _____
Alimony.....	\$ _____	\$ _____
Capital Gains.....	\$ _____	\$ _____
Pensions.....	\$ _____	\$ _____
Unemployment Compensation.....	\$ _____	\$ _____
Veteran Benefits.....	\$ _____	\$ _____
Other (list)	\$ _____	\$ _____
Expected Untaxed Income/Benefits		
Social Security.....	\$ _____	\$ _____
TANF.....	\$ _____	\$ _____
Child Support.....	\$ _____	\$ _____
Worker's Compensation.....	\$ _____	\$ _____
Military Benefits.....	\$ _____	\$ _____
Other.....	\$ _____	\$ _____
Asset Information (As of today)		
Cash, Savings and Checking Account Balance.....	\$ _____	\$ _____
Net Worth of Investments Including Real Estate..... (Exclude your primary residence)	\$ _____	\$ _____
Net Worth of Business and Farms..... (Exclude the value of your farm if you actively farm it)	\$ _____	\$ _____

Section C: Signature

WARNING: If you purposely give false or misleading information on this form, you may be subject to a \$10,000 fine, a prison sentence or both.

All the information on this form is true and complete to the best of my knowledge. I understand that all special circumstances are reviewed on a case-by-case basis and the submission/review of this form does not guarantee a change in the student's financial aid eligibility. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that this proof may include a copy of my federal income tax return. I also realize that if I do not give proof when asked, I may not receive financial assistance.

Student Signature

Date

Spouse Signature

Date

Spouse Name Printed