

**CHANGE IN CIRCUMSTANCES  
FORM**

Student's Name \_\_\_\_\_ NDId \_\_\_\_\_  
Last First

Your **2024/2025** financial aid is based on **2022** income reported on the financial aid applications. If your circumstances have changed since the filing of your 2024/2025 financial aid applications, you may request a reevaluation. The University expects students will utilize all financial assistance offered, including federal and institutional loans, before reevaluating eligibility for additional aid. **Your 2022 and 2023 federal income taxes must be on file with our office for us to consider your request.** If 2023 federal income taxes have not yet been completed, then 2023 W-2 statements and documentation of income from all other sources will be required.

Please Check	Change in Circumstance	Required Supporting Information
<input type="checkbox"/>	<b>Significant loss of income due to termination or change in employment*</b>	<ul style="list-style-type: none"> <li>• Notre Dame <i>Parent Projected Income Statement</i> (choose tax year 2023 or 2024)</li> <li>• Notre Dame <i>Parent Monthly Expense Statement</i></li> <li>• Copy of the last/most recent pay stub for <b>both</b> parents in household</li> <li>• Termination notice from employer</li> <li>• Severance Statement (if applicable)</li> <li>• Copy of unemployment benefits (if applicable)</li> </ul> <p><small>*the earliest we will consider a request for reevaluation due to unemployment will be <u>12 weeks</u> from the date of termination            *changes may not be considered if income loss for the year is not significant            *you must notify the Office of Financial Aid if you become re-employed</small></p>
<input type="checkbox"/>	<b>One-time/Non-Recurring Income</b>	<ul style="list-style-type: none"> <li>• Clarification (e.g., IRA distribution, sale of property, inheritance, Form 1099)</li> <li>• Explanation of how income was used</li> </ul>
<input type="checkbox"/>	<b>Medical Expenses</b> (Not previously reported on the CSS Profile)	<ul style="list-style-type: none"> <li>• Explanation of special circumstances</li> <li>• Documentation of outstanding/prior year medical bills not reimbursed or paid by insurance</li> <li>• Notre Dame <i>Parent Monthly Expense Statement</i></li> </ul>
<input type="checkbox"/>	<b>Extended Family Support</b> (Not previously reported on the CSS Profile)	<ul style="list-style-type: none"> <li>• Explanation of special circumstances including name, age, relationship of person(s) (living outside the family household) receiving support along with documentation of financial support (e.g., canceled checks, wire transfer records, etc.)</li> </ul>
<input type="checkbox"/>	<b>Other</b> (e.g., educational debt, natural disaster)	<ul style="list-style-type: none"> <li>• Detailed explanation of the circumstances</li> <li>• Documentation of education related debt in the parent's name</li> </ul>

**ADDITIONAL INFORMATION**

Please use the space below to explain any information on this form or expand upon your family's circumstances. Attach a separate document if more space is required.

[Empty box for additional information]

Amount of additional financial assistance requested to meet 2024/2025 educational expenses: \_\_\_\_\_ \$ \_\_\_\_\_

Additional financial assistance is determined on a case-by-case basis and may be in the form of a loan, employment, or scholarship. Submission of this form does not guarantee an adjustment or increase to your financial assistance.

**STUDENT AND PARENT CERTIFICATION**

I/We certify that the information provided on this form is accurate and complete as of this date. I/We understand that the request of a financial aid reevaluation is not guaranteed to result in a change to my financial aid eligibility and does not release me from payment of any balance due on my student account. I/We also understand that any revision based on this appeal information does not guarantee the same adjustments will be made in future semesters and/or academic years. **Original signatures required; electronic signatures are not acceptable.**

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

Parent Email \_\_\_\_\_

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

Student Email \_\_\_\_\_

Please submit the signed and completed form, along with supporting documentation, to the Office of Financial Aid via our [secure document upload portal \(go.nd.edu/fa-forms\)](https://go.nd.edu/fa-forms).