



**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 2018-19 educational expenses:	\$
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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. **Electronic signatures are not acceptable.**

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

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

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

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

Notification regarding the outcome of the review is typically sent within 10 to 14 business days of the receipt of the request; additional processing time may be needed if more information is required. Additional processing time may be needed during peak times for financial aid application review.

**Please submit signed and completed form, along with supporting documentation, to the Office of Financial Aid. Contact information provided below for email (preferred method), fax, and mail.**

University of Notre Dame | Office of Financial Aid | 115 Main Building | Notre Dame, IN 46556  
Email: [faforms@nd.edu](mailto:faforms@nd.edu) | Phone: (574) 631-6436 | Website: [financialaid.nd.edu](http://financialaid.nd.edu)