

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 2025/2026 educational expenses:	\$
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Additional financial assistance is determined on a case-by-case basis and may be in the form of multiple aid resources. 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).