UNIVERSITY OF NOTRE DAME
OFFICE OF FINANCIAL AID

CHANGE IN CIRCUMSTANCES FORM

Student's Name _____ NDid _____
Last First

Your **2027/2028** financial aid is based on **2025** income reported on the financial aid applications. If your circumstances have changed since the filing of your 2027/2028 financial aid applications, you may request a reevaluation.

Your **2025 and 2026** federal tax return must be on file with our office for us to consider your request. If 2026 federal tax return has not been completed, we require you submit your 2026 W-2's and documentation of other sources of income received during that tax year.

Important Note: If a parent was required on the FAFSA or CSS Profile, **the parent must complete this form-not the student.**

Please Check	Change in Circumstance	Required Supporting Information
☐	**Significant loss of income due to termination or change in employment***	• Notre Dame *Parent Projected Income Statement* (*form on website*) • Notre Dame *Parent Monthly Expense Statement* (*form on website*) • Copy of the last/most recent pay stub for **both** parents in household • Termination notice from employer • Severance Statement (if applicable) • Copy of unemployment benefits (if applicable) *the earliest we will consider a request for reevaluation due to unemployment will be 12 weeks 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
☐	**One-time/Non-Recurring Income**	• Clarification (e.g., IRA distribution, sale of property, inheritance, Form 1099) • Explanation of how income was used
☐	**Medical Expenses** (Not previously reported on the CSS Profile)	• Explanation of special circumstances • Documentation of outstanding/prior year medical bills not reimbursed or paid by insurance • Notre Dame *Parent Monthly Expense Statement* (*form on website*)
☐	**Extended Family Support** (Not previously reported on the CSS Profile)	• Explanation of special circumstances including name, age, relationship of person(s)* receiving support along with documentation of financial support (e.g., canceled checks, wire transfer records, etc.) *Living inside/outside the family household
☐	**Other** (e.g., educational debt, natural disaster)	• Detailed explanation of the circumstances • Documentation of education related debt in the parent's name

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.

Amount of additional financial assistance requested to meet 2027/2028 educational expenses:	$

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.

CERTIFICATION

I certify that the information provided on this form is accurate and complete as of this date. I 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 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 signature required; electronic signature is not acceptable.**

Signature _____ Date _____

Email _____

Important Note: If a parent was required on the FAFSA or CSS Profile, **the parent must complete this form-not the student.** The form will be returned for parent signature.

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).