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2025-2026 Independent Special Circumstances Appeal

The 2025-2026 Free Application for Federal Student Aid (FAFSA) is based on 2023 income information. However, if your family's 2023 income is no longer an accurate reflection of your current financial situation, then you may submit a Special Circumstances Appeal.

This appeal process is a request for the Office of Financial Aid to consider your family's most recent income information and potentially adjust the data elements in the FAFSA. Adjustments to the FAFSA could have an impact on your Student Aid Index (SAI) and eligibility for financial aid.

Appeals will be processed only after a student has been packaged with financial aid and after all required and applicable documents have been received.

Section A: Student Information

Last Name

First Name

MI

Christopher Newport Student ID #

Section B: Documentation Required for All Appeals

Regardless of the reason for your request, all Special Circumstance review requests **must include** the following documentation.

2025-2026 Independent Special Circumstances Appeal Form (this form)

Detailed narrative describing the purpose of the request (signed and dated). The written explanation will be used by the appeals committee to determine if the circumstance described warrants an appeal.

[2025-2026 Independent Student Asset Verification Form](#)

Student and spouse (if applicable) 2024 Tax Information:

- Signed 2024 1040 Form for student and spouse (if applicable) (including all Schedules), OR;
- 2024 [IRS Tax Return Transcript](#) for student and spouse (if applicable)

All 2024 W2s for student and spouse (if applicable)

Section C: Reason and Additional Required Documentation

In addition to the documents in Section B, please select the reason for your request and provide the applicable documentation for that circumstance.

Circumstance	Required Documentation
Student and/or Spouse Loss of Employment or Reduction of Income	<ul style="list-style-type: none">Letter(s) of separation from employer listing last date of employment<ul style="list-style-type: none">Must receive letter for each 2024 employer if no longer working there.Final pay stub(s) from previous employer(s)Unemployment Benefits (if applicable)Severance agreement (if applicable)Most recent pay stub, if re-employed
Divorce/separation of student and spouse	<ul style="list-style-type: none">Divorce decree/separation agreement (if applicable)If above is unavailable, documentation of separate living situation (ex. Separate addresses listed on state ID cards or current utility bills)2025-2026 Independent Student Family Size Verification Worksheet
Death of spouse	<ul style="list-style-type: none">Copy of death certificate2025-2026 Independent Student Family Size Verification Worksheet
Out of Pocket Medical Expenses	<ul style="list-style-type: none">Signed copy of 2024 Schedule A (if you used itemized deductions) <u>OR</u>Copy of medical bills with proof of payment<ul style="list-style-type: none">Only <u>paid</u>, out of pocket expenses can be considered. Bills currently unpaid or paid by insurance are not eligible. <p><i>Note: Financial Aid eligibility already accounts for a portion of medical expenses. Please be aware that even if we can verify medical expenses, it may be less than the threshold of what was already taken into consideration and will not result in a change in eligibility.</i></p>
Other (please specify)	<ul style="list-style-type: none">May vary depending on specific circumstances

Please note: Requests that do not provide all required documentation from Sections A & B will not be considered complete and will not be reviewed until all applicable documentation is received.

Section C: Signatures (must be written signatures, not electronic)

I understand that this appeal will not be reviewed until all required documentation is received. In addition, the Office of Financial Aid may request additional documentation as needed. I understand that submission of this appeal does not guarantee additional financial aid.

I authorize the Office of Financial Aid to make the applicable adjustments to my FAFSA to reflect our special circumstances.

The person signing below certifies that all of the information reported is complete and correct. The student whose information was reported on the FAFSA must sign and date.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Student Signature: _____

Date: _____

Spouse Signature (if
applicable): _____

Date: _____