



NORTHERN MICHIGAN UNIVERSITY

2024-2025 Special Circumstance Re-evaluation Parent Request

FINANCIAL AID 1401 Presque Isle Avenue Marquette, MI 49855-5301 906-227-2327 | fax 906-227-2321 fao@nmu.edu | nmu.edu/financialaid

An incomplete form will delay processing.

RVAL

Student Name _____ NMU IN _____

Step 1 – Verification of Current Free Application for Federal Student Aid (FAFSA) Data

Before re-evaluating your financial aid eligibility, the Financial Aid Office will need to verify the information submitted on your FAFSA is correct. To complete this process, you must submit the following documents if you have not already done so:

- 2024-2025 Dependent Student Family Size Verification Worksheet
2022 Tax Return Transcript for student (if required to file a return) or a signed copy of your 2022 Federal Income Tax Return, including Schedules 1, 2, and 3 (if filed)
2022 Tax Return Transcript for parent or a signed copy of your parents' 2022 Federal Income Tax Return, including Schedules 1, 2, and 3 (if filed)

Worksheets may be printed from: nmu.edu/financialaid/printableforms
Information on requesting tax transcripts can be found at: nmu.edu/financialaid/verification

Step 2 – Reason for Re-Evaluation Request and Documentation Requirements

Please provide a written statement explaining your circumstances, check the appropriate box below, and include the documentation listed. Please be aware that a re-evaluation request does not guarantee an increase in your financial aid.

- Loss/Reduction of Employment or Retirement/Military Discharge
Receipt of One-Time Income – Pension Withdrawal, Sale of Home, Etc.
Additional Family Members in College, besides the current student
Excessive Medical Bills/Insurance Premiums Paid Out of Pocket in 2022
Other
Loss of Other Income – Unemployment Benefits, Taxable Social Security Benefits, Etc.
Death of a Parent After the Date the FAFSA was Filed
Divorce/Separation After the Date the FAFSA was Filed

Be sure to complete and submit both pages of this form and required documentation. Include the student's name and NMU IN on all items submitted.

Student Name _____

NMU IN _____

Although each family's situation is reviewed on an individual basis, the following reasons generally do not result in a change to financial aid eligibility: bankruptcy, foreclosure, private primary/secondary school tuition, or gambling winnings. Please feel free to contact the Financial Aid Office to discuss your situation prior to submitting this form.

Step 3 – Income Estimates

Provide income information (or best estimate) for the entire year requested - January 1 through December 31. Be sure to use amounts for the year, rather than monthly amounts. Please do not leave any items blank. If correct amount is \$0, please enter \$0.	2023		2024	
	Parent 1/ Step-Parent	Parent 2/ Step-Parent	Parent 1/ Step-Parent	Parent 2/ Step-Parent
Total Wages (include partial year amounts if individual is no longer employed but worked for part of the year)	\$	\$	\$	\$
Interest/Dividend Income	\$	\$	\$	\$
Unemployment Benefits	\$	\$	\$	\$
Severance Pay	\$	\$	\$	\$
Taxable Social Security Benefits (do not include untaxed amounts)	\$	\$	\$	\$
Child Support Received (include total to be received for all children as well as partial year amounts if benefits will stop or be reduced during the year)	\$	\$	\$	\$
Alimony Received	\$	\$	\$	\$
Worker's Compensation	\$	\$	\$	\$
Retirement Benefits	\$	\$	\$	\$
Insurance Benefits	\$	\$	\$	\$
Disability Benefits	\$	\$	\$	\$
Payments to Tax Deferred Pension/Savings Plans (paid directly or withheld from earnings)	\$	\$	\$	\$
Other (list source) _____	\$	\$	\$	\$
Total Income	\$	\$	\$	\$

The Financial Aid Office will act on your request for re-evaluation only after receiving all verification and supporting documentation which confirms your circumstances. **Please be aware that a re-evaluation request does not guarantee an increase in your financial aid.** An increase in financial aid eligibility depends on the availability of funds and demonstrated financial need. A decision on your request may take several weeks to complete, and additional documents may be requested. All information will remain strictly confidential.

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

Student Signature _____

Date _____

Parent Signature _____

Date _____

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