



2027-2028 Request for Consideration of Special Circumstances

Student Name: _____

Student ID: _____

When you completed the 2027-2028 Free Application for Federal Student Aid (FAFSA), it provided us your financial situation at the time you completed the form. We know that sometimes there are special circumstances that are not reflected on the FAFSA. When appropriate and sufficient documentation is provided, it may be possible to take these circumstances into account through a process called Professional Judgment (PJ). Be aware that a PJ is performed at the discretion of each institution and does not guarantee an increase in financial aid.

Step 1: Attach a letter explaining your family's special circumstances.

Step 2: Indicate the special circumstance(s) that applies to your situation from the list below:

- _____ 1. Excessive medical expenses not covered by insurance and paid in 2025. As a rule, these expenses should be at least 15% of your Adjusted Gross Income (AGI).
Documentation Required:
- Schedule A of 1040 tax form **OR**
 - Copies of cancelled checks or statements showing amount paid (please total all items)
- _____ 2. Involuntary reduction in parent, student, or spouse employment income in 2026 and continued into 2027.
Documentation Required:
- Your last pay stub
 - Statement from previous employer indicating last day of employment
 - If receiving unemployment compensation, a copy of your benefits determination
- _____ 3. Involuntary reduction in parent, student, or spouse employment income for at least 10 weeks in 2027.
Documentation Required:
- Your last pay stub
 - Statement from previous employer indicating last day of employment
 - If receiving unemployment compensation, a copy of your benefits determination
 - Complete Expected Income Chart – Appendix A
- _____ 4. Complete loss of non-taxable income, such as Child Support, Worker's Compensation and Veteran's Benefit's as reflected on your 2027-2028 FAFSA.
Documentation Required:
- Written statement from appropriate agency showing loss of benefit and termination date
- _____ 5. Your parents or you and your spouse have become legally separated or divorced after submission of your original FAFSA.
Documentation Required:
- Copy of legal divorce decree or separation order
 - Date of separation/divorce: ____/____/____
- _____ 6. Your spouse or parent has died after the submission of your original FAFSA.
Documentation Required:
- Copy of death certificate

- _____ 7. Atypical one-time taxable earning such as a capital gain, 401K disbursement or moving expenses reflected on 2025 federal income taxes

Documentation Required:

- Statement indicating nature of earnings
- Documentation to show what the funds were used for
- 1099-R or statement showing amount received

Step 3: Sign acknowledgment of request for special circumstance and submit this form and all supporting information to the Financial Aid Office via mail or fax (100 N. East Avenue, Waukesha, WI 53186 or 262-951-3037).

Acknowledgement of Request:

If you later realize your estimates were not accurate, you are required to notify us of the correct estimates if they are significantly different than what you originally reported on this form.

All the information on this form is true and complete to the best of my knowledge. I agree to give proof of all appeal information requested. I understand that this request does not guarantee an increase in aid. Decisions are made on a case-by-case basis for the current academic year only.

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

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

Next Steps: The Financial Aid Office will review your documentation and contact you with any questions or if additional forms or documents are needed. The student will be notified via email for any additional information requests.

APPENDIX A: EXPECTED 2027 INCOME

(January 1, 2027 – December 31, 2027)

If you checked #2 or 3 on the front of this form, please complete this income section and include documentation supporting your amounts. Please do your best to give estimates of the items requested below and submit the documentation to support these amounts.

2027 Expected Income	Father (for dependent students)	Mother (for dependent students)	Student	Spouse (if student is married)
<u>TAXABLE INCOME</u>				
Income Earned from Work	\$	\$	\$	\$
Unemployment Compensation	\$	\$	\$	\$
Business, Farm or Rental Income	\$	\$	\$	\$
Dividends, Interest, Capital Gains, etc.	\$	\$	\$	\$
Any other taxable income (please itemize)	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
<u>UNTAXED INCOME</u>				
Child support received	\$	\$	\$	\$
Workman's Compensation	\$	\$	\$	\$
Disability (not Social Security)	\$	\$	\$	\$
Any other untaxed income (please itemize)	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
<u>TOTAL EXPECTED 2027 INCOME</u>	\$	\$	\$	\$