

Special Circumstances Appeal Form**Aid Year:** 2024-25**Form Name:** Independent Change in Marital Status**Student's Name:** _____**University ID #:** _____

If your family has experienced significant changes in income that occurred **after the initial transaction of the FAFSA** due to a change in your marital status (marriage, separation, divorce), please complete this form.

Before your appeal can be considered, your 2024-2025 Free Application for Federal Student Aid (FAFSA) must be completed and all required documents must be submitted. UMD must be able to fully document why a decision was made to adjust a student's FAFSA. **Incomplete appeals will not be reviewed.**

Appeal reviews will be completed within 3-4 weeks of receipt of all requested documents. After the initial evaluation of your submitted documents, additional supporting documents may be requested which may lengthen the review time. Submission of an appeal does not guarantee approval of an appeal. Additionally, approval of an appeal does not guarantee receipt of additional aid. You are responsible for all outstanding charges with UMD.

REQUIRED DOCUMENTS: If a document listed below does not apply to your situation, please submit a signed statement indicating why you do not have the document.

- 1) Completed and hand-signed appeal form (all pages)
- 2) A typed statement that explains your circumstances in detail – must be signed by hand and dated
- 3) [2022 & 23 Tax Return Transcript](#) and all accompanying schedules or a signed copy of 2022 IRS Form 1040 federal return and all accompanying schedules for the student
- 4) [2022 & 23 Tax Return Transcript](#) and all accompanying schedules or a signed copy of 2022 IRS Form 1040 federal tax return and all accompanying schedules for the student's spouse (if applicable)
- 5) [2022 Wage and Income Transcript](#) for the student (copies of all W2s, 1099...)
- 6) [2022 Wage and Income Transcript](#) for the student's spouse (if applicable) (copies of all W2s, 1099...)
- 7) **If you are currently married:** a copy of the marriage certificate
If you are currently divorced: a copy of the divorce decree
If you are currently separated: a copy of a legal separation agreement or a signed letter from a third-party professional (attorney, clergy, counselor, etc.) on their official letterhead, stating the date of separation

INSTRUCTIONS: Please provide all information requested in the following sections. If any are left incomplete, your appeal will not be reviewed. Include the student's University ID number in all of the documents submitted. Please upload all appeal documents on the [Submit Special Circumstances Appeal Forms & Other Supporting Documents](#) page.

Section 1: Please complete the chart below by listing all people in your household (family size). Include the name of the college for any household member who will be enrolled at least half-time in a degree or certificate program at a postsecondary educational institution any time between July 1, 2024 and June 30, 2025. If additional space is needed, use an extra page. The definition of "household" includes:

- Yourself
- Your spouse, if you are married
- Your children even if they do not live with you if you will provide more than half of their financial support from July 1, 2024, to June 30, 2025, or if they would be required to provide parental information if they were completing their own FAFSA for 2024–2025.
- Other people who now live with you, if you provide more than half of their support and will continue to provide more than half of their support through June 30, 2025.

Full Name	Age	Relationship to Student	College (if enrolled at least half-time)
		<i>Self</i>	University of Maryland (UMD)

STATEMENT OF CERTIFICATION

All of the information on this form is true and complete to the best of my knowledge. If requested, I agree to provide further documentation to substantiate the information provided. I understand that all special circumstances are reviewed on a case-by-case basis and this written request does not guarantee approval and/or may not ultimately result in an actual change to the financial aid already offered. All persons providing information for this appeal must sign below.

Student's Signature: _____ **Date:** _____