



2025-2026

Special Circumstance Appeal Form

9

Student's Name

Student's MSU Net ID

MSU ID (9 digit)

Complete this form if you/your family have unusual circumstances that may affect your ability to contribute to your 2025-2026 educational expenses. We will consider appeals for Employment Loss; Death; Divorce/Separation; Excessive Medical expenses. We will re-evaluate your financial aid eligibility for possible adjustment, post additional documentation requirements as needed, and post a correction (if adjustments are made). An appeal may only be completed for those included on your 2025-26 FAFSA.

- Special Circumstances Appeals are **limited to one per academic year (Fall/Spring/Summer)**.
- Our appeal committee may require additional documents during your appeal evaluation.
- Log in to your MSU myState for a status check, to see document requests, and to check Eligibility Requirements; you can also see this under your MSU email address.
- Appeal will be delayed if ALL documents required and requested are not signed and submitted.

Section A – Documents REQUIRED for ALL Special Circumstance Appeals

1. Typed and signed letter	Explain the circumstance you are appealing for: Job/Income loss, Death, Divorce/Separation, Medical Expenses
2. Completed 2526 Family Size Verification Form	https://www.sfa.msstate.edu/forms
3. Signed copy of 1040 or Tax Return Transcript	2023 AND 2024 – First 2 pages listing wages and tax paid
4. Copies of ALL Schedules (Sch) Filed	2023 AND 2024 – Sch 1, 2, 3, A, C, and D, K-1 (Form 1065)
5. Form 8863	2023 AND 2024 (if educational credits claimed)
6. Copies of ALL W-2 and/or 1099 Forms	2023 AND 2024 (W-2/1099 MUST match 1040/transcript)
Unable to provide 2024 tax documents listed above, check one box below (2023 tax data are still required) Provide documentation verifying all income sources for the relevant tax year (1099s, pay stubs, etc.):	
<input type="checkbox"/> 2024 Tax Return not yet filed – 2024 most current 3 month's pay stubs (gross year-to-date earnings required)	
<input type="checkbox"/> Request to use 2025 income – 2025 most current 3 month's pay stubs (gross year-to-date-income required)	

Section B – Appeal Reason. Check the box(es) relevant to your appeal reason.

These ADDITIONAL documents are ALSO required along with those in Section A

****Employment Loss – Layoff/termination/income reduced – since 2023**

Name of person who experienced the loss:	Company Name where loss occurred:	Date loss started:
Relationship to student (check box):	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Student <input type="checkbox"/> Student's Spouse	
Did/will this person receive unemployment:	<input type="checkbox"/> No <input type="checkbox"/> Yes (Unemployment Benefit Statement required)	
Is this person currently employed?	<input type="checkbox"/> No <input type="checkbox"/> Yes (new employ start date): _____ If yes, list company name:	
Was loss voluntary?	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Additional Documentation REQUIRED:

- Employer signed Termination/separation letter and copy of severance package (if severance received)
- Copy of Unemployment Benefits Statement (if unemployment received)

MSU ID (9 digit) 9 _____

**Death – death MUST have occurred in 2023 or later (cannot approve if prior to 2023):		
Name of deceased parent or spouse:	Relationship to the student: <input type="checkbox"/> Parent <input type="checkbox"/> Spouse	Date death occurred:
<u>Additional Documentation REQUIRED:</u>		
<ul style="list-style-type: none"> • Copy of Death Certificate or full Obituary 		

**Divorce or Separation – must occur <u>AFTER</u> FAFSA has been submitted:	
Name of Custodial Parent <u>on FAFSA</u> is:	
As of TODAY, <u>Custodial Parent</u> is (only check one):	As of TODAY, <u>STUDENT</u> is (only check one):
<input type="checkbox"/> Divorced from student's biological/adoptive parent <input type="checkbox"/> Separated from student's biological/adoptive parent <input type="checkbox"/> Divorced from student's stepparent <input type="checkbox"/> Separated from student's stepparent	<input type="checkbox"/> Divorced from spouse <input type="checkbox"/> Separated from spouse
Date of Divorce (parent or student):	Date of Separation (parent or student): Temporary absences from home are not considered.
<u>Additional Documentation REQUIRED:</u>	
<ul style="list-style-type: none"> • Divorced – copy of divorce decree • Separated – signed letter from lawyer stating separation with intent to divorce, if none, then: <ul style="list-style-type: none"> ▶ Copies of current utility bills or lease agreements in BOTH parent's names OR student/spouse's names to verify separate addresses • If all the 2023 income is other Parent's/student's spouse's, provide copies of their W-2/1099 Forms if available 	

**Excessive Medical Expenses – paid out-of-pocket in 2023 or 2024 only:	
Name of person who had excessive medical expenses:	
Year medical expenses occurred:	<input type="checkbox"/> 2023 <input type="checkbox"/> 2024
<u>Additional Documentation REQUIRED:</u>	
<ul style="list-style-type: none"> • 2023 copy of Schedule A – shows eligible medical expenses paid that exceeds 11% of IPA. <ul style="list-style-type: none"> ▶ FAFSA already includes 11% of the Income Protection Allowance (IPA) for medical expenses. • For 2024 expenses: provide medical payments you paid out of pocket over what insurance paid. Bills must be from doctor/hospital, etc. and must list total amount owed, payments made by insurance, and by you. <ul style="list-style-type: none"> ▶ For 2024 – MUST already have paid out of pocket for 2024. 	

REQUIRED Signatures:

By signing this form, I certify that all the information on this form and any attachments are complete and accurate to the best of my knowledge. *Warning: Purposely giving false or misleading information may result in a fine, imprisonment, or both.*

Handwritten signatures required – no initials or electronic signatures.

DEPENDENT students – Both Student and Parent signatures are required.			
Student Signature _____		Date _____	
Parent Signature _____		Date _____	

INDEPENDENT students – Student and Spouse signatures are required (if married).			
Student Signature _____		Date _____	
Student's Spouse Signature _____		Date _____	