



FAX: (410) 651-7670

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2026-2027 Appeal for Special Circumstances

Filing Deadline February 1, 2027

Federal regulations allow limited exceptions and /or adjustments to information reported on the FAFSA. Professional Judgements are considered on a case-by-case basis based on supporting documentation of your special or unusual circumstances.

Please complete all sections of this petition that pertain to your special or unusual circumstance and return it to the Financial Aid Office with all required documentation. NOTE: If documentation is not submitted with the petition, your request cannot be processed.

Section 1: Student and Parent Information

Student Name (Last, First, M.I.)

UMES ID Number

Parent/Stepparent Name (Last, First, M.I.)

Parent and/or Student Address

Parent/Stepparent Name (Last, First, M.I.)

Parent and/or Student Address

Section 2: Please Check All That Apply

_____ **Loss of income due to non-disability unemployment** – Student, spouse or parent(s) has lost employment (due to layoff, termination, or involuntary resignation) since the last tax year reported on most recent FAFSA. If unemployment is temporary and the individual is actively seeking employment, you must wait six months after the date of unemployment before submitting a Professional Judgement Petition.

1. Who has been out of work? Name: _____ Relation to student: _____
2. Dates of unemployment: From: _____ To: _____
3. Acceptable Documentation:
 - Evidence of loss of employment (such as a termination notice or signed official letter from employer on company letterhead) or proof of bankruptcy and financial statements (self-employed only) AND
 - Copy of unemployment check(s) or pay stub (or letter stating that unemployment was denied) AND
 - SIGNED copy of 2024 Federal IRS Tax Return, including all schedules and W2's (Parents and Student)

_____ **Loss of untaxed income or benefits** - Student spouse, or parent(s) has lost untaxed earnings (such as child support, Worker's Compensation, etc.). Since the last year reported on your most recent FAFSA.

1. Who has lost earnings? Name: _____ Relation to student: _____
2. Dates of reduced earnings: From: _____ To: _____
4. Acceptable Documentation:
 - Evidence of loss of untaxed income or benefits (court decisions, letter of denial) AND
 - SIGNED copy of 2024 Federal IRS Tax Return including all schedules and W2's (Parents and Student)

_____ **Occurrence of One-time Income** – Student, spouse or parent(s) received a one-time lump sum (such as inheritance, retirement, IRA distribution, etc.) that was reported on the 2026-2027 FAFSA but is not expected in the future.

1. Who received one-time income? Name: _____ Relation to student: _____
2. Acceptable Documentation:
 - Official evidence of one-time income (legal forms, financial statements, etc.) AND
 - Signed statement that identifies the source of income and how the funds were spent or invested AND



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- Documentation supporting how the funds were spent or invested AND
- SIGNED copy of 2024 Federal IRS Tax Return including all schedules and W2's (Parents and Student)

_____ **Separation or divorce** – Student or your parents, if dependent) have separated or become divorced since the time the FAFSA was filed.

1. Date of divorce or separation: _____ Relation to Student: _____
2. Name of Primary (Custodial) Parent (after separation or divorce): _____
3. Name of family members remaining in household: _____ Number in College: _____
4. Acceptable Documentation:
 - Legal documentation of separation or divorce (such as court decision or divorce decree) AND
 - SIGNED copy of 2024 Federal IRS Tax Return including all schedules and W2's (Parents and Student)

_____ **Death** – Your spouse (or parent, if dependent, received income for the most recently reported tax year, but passed away after you completed the FAFSA.

1. Date of death: _____
2. Name of deceased: _____ Relation to Student: _____
3. Number of family members remaining in household: _____ Number in College: _____
4. Acceptable Documentation:
 - Legal documentation of death (such as a copy of death certificate) AND
 - SIGNED copy of 2024 Federal IRS Tax Return including all schedules and W2's (Parents and Student)

_____ **Medical or dental expenses** – You or your parents paid medical or dental expenses not covered by insurance that exceeds 10% of your income during 2024.

1. Acceptable Documentation:
 - SIGNED copy of 2024 Federal IRS Tax Return including all schedules and W2's (Parents and Student)
 - Documentation showing proof of payment (such as copies of canceled checks), used to pay out of pocket marketed or dental expenses. AND/OR
 - Continuation of amount paid out-of-pocket by you during 2024 and purpose of expenses (amounts billed will not be considered without proof of payment).

_____ **Other** – Circumstance not otherwise listed

Effective Date: _____

Section 3: Certification Statement

I/We certify that the information on the form is true, complete, and correct to the best of my/our knowledge. I/We understand that false statements or misrepresentation are cause for denial, reduction, withdrawals, and/or repayment of financial aid. I/We also understand that the information will be used in accordance with Federal Guidelines and may or may not result in adjustments to the student's financial aid eligibility.

Student's Signature

Date

Spouse's Signature (if applicable)

Date

Parent's Signature

Date

Parent's Signature (if applicable)

Date