



### Request for Financial Aid Reconsideration

Student Name: \_\_\_\_\_ BU ID: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent/Guardian: Enter your full name if you are requesting this reconsideration on behalf of a student: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Parent/Guardian Email: \_\_\_\_\_

To appeal for reconsideration due to a change in financial circumstances or new information, please complete parts A, B, & C of this form and submit it with the corresponding documentation detailed below.

- x If parents are separated/divorced and each parent has an unusual circumstance, submit a separate Financial Aid Reconsideration form for each parent with appropriate documentation.

**Part A - Check all circumstances that apply  in  year of impact:**   
 (Circumstances from  may be reviewed as an appeal for the s econd term of the academic year.)

Check	Circumstance	Required Documents (Attach with submission. Include name/BU ID on each document)
<input checked="" type="checkbox"/>	<b>Reduction in Income or Loss of Employment</b>  We are <u>not able</u> to review Employment/Income changes for the <u>current tax year</u> until the spring semester when tax documents become available.	<input checked="" type="checkbox"/> Explanation of Loss in Part B <input checked="" type="checkbox"/> Reduction in Income: <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of Parent tax return(s) including Schedules and all W-2s from appropriate year</li> </ul> <input checked="" type="checkbox"/> Loss of Employment: <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of last pay stub from employer.</li> <li><input type="checkbox"/> Termination notice (from within last 12 weeks)</li> <li><input type="checkbox"/> Severance statement and/or Unemployment Benefits statement (if applicable)</li> </ul> <input checked="" type="checkbox"/> <del>W/2019</del>
<input checked="" type="checkbox"/>	<b>Reduction in Untaxed Income/Benefits</b>	<input checked="" type="checkbox"/> Explanation of Loss in Part B <input checked="" type="checkbox"/> Attach Appropriate Documentation. Such as: <ul style="list-style-type: none"> <li><input type="checkbox"/> Notice of termination of child support</li> <li><input type="checkbox"/> Termination notice of: disability benefits, social security, worker's compensation, etc.</li> <li><input type="checkbox"/> List new amount of benefits to be received by each member of household in <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> .</li> </ul> <input checked="" type="checkbox"/> <del>W/2019</del> <del>2019</del>
<input checked="" type="checkbox"/>	<b>One-Time or Non-Recurring Income</b>	<input checked="" type="checkbox"/> Explanation of Income in Part B (type, amount, and use of income) For Example: Early IRA/Retirement Distribution, Sale of Business or Property, Inheritance, other non-recurring income reported on a Form 1099. <input checked="" type="checkbox"/> <del>W/2019</del> for applicable academic year.
<input checked="" type="checkbox"/>	<b>Household Member Changes</b>	<input checked="" type="checkbox"/> Complete <a href="#">Household Member Listing</a>
<input checked="" type="checkbox"/>	<b>New Divorce or Separation</b>	<input checked="" type="checkbox"/> Explanation in Part B: <input checked="" type="checkbox"/> Date of Separation, Support Agreement, etc.



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<input type="radio"/>	<b>Medical Expenses</b>	<ul style="list-style-type: none"><li>• Explanation of expenses not covered by insurance in Part B.</li><li>• Documentation of Medical Expenses (bills, statements, etc.).</li><li>• Attach: Schedule A from applicable tax year.</li></ul>
<input type="radio"/>	<b>Death of a Parent</b>	<ul style="list-style-type: none"><li>• Complete Part B<ul style="list-style-type: none"><li>◦ List date of death, estate debts, funeral expenses, and life insurance details (attach related documentation)</li></ul></li></ul>
<input type="radio"/>	<b>Reconciled Estimate of Need-Based Aid Award</b>	<ul style="list-style-type: none"><li>• A reconciled estimate of your tentative need-based aid award reconciles the information submitted on your CSS Profile with the information on your tax documents.</li><li>• A reconciled estimate is still tentative and will not be finalized until we are able to review your FAFSA, however, by incorporating your tax information we can verify that this estimated total is correct so that you can better plan and make your enrollment decision.</li><li>• Please submit all Parent &amp; Student Tax Returns &amp; W-2s.</li></ul>
<input type="radio"/>	<b>Incomplete/Late Application</b>	<ul style="list-style-type: none"><li>• If you were unable to submit your application by our deadline or unable to promptly provide additional requested materials, please explain why in section B.</li></ul>
<input type="radio"/>	<b>Leave of Absence</b>	<ul style="list-style-type: none"><li>• If you would also like to receive federal financial aid, make sure to complete the FAFSA for the appropriate academic year if you haven't already.</li></ul>
<input type="radio"/>	<b>Other</b>	<ul style="list-style-type: none"><li>• Explain circumstances and financial impact in Part B.</li><li>• Attach relevant documentation</li><li>• Changes to Cost of Attendance due to increased <u>non-discretionary</u> expenses.</li></ul>

**Part B - In the section below, describe your circumstance and your reason(s) for submitting this appeal.**

*(If additional space is needed please attach in a separate document.)*



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**Part C - Student and Parent Certification**

- I certify that all information provided on this form is accurate and complete as of this date.
- I understand that verification of this information may be requested at a later date and that my award may be adjusted as a result of the verification process.
- I understand that submission of this request does not excuse or extend any upcoming payment deadlines and does not guarantee an increase to my financial aid award.

I certify that I have read and understood the above statements (required):

\_\_\_\_\_ Student/Parent
 \_\_\_\_\_  
Date

**New Students:** submit this document through the [MyBU portal](#).

**Returning Students:** submit this document directly to BU Financial Assistance Office:

**Boston University Financial Assistance  
881 Commonwealth Ave., Fifth Floor  
Boston, MA 02215**

[finaid@bu.edu](mailto:finaid@bu.edu)  
**617-353-2965 phone  
617-358-2792 fax**

*\*Please note that requests for financial aid reconsideration will not be reviewed until all required documentation has been submitted. If further information is needed, you will be contacted by your Assistant Director.*