

FINANCIAL AID SERVICES

Sandel Hall 115 | 700 University Avenue, Monroe, LA 71209 Phone: (318) 342-5320

Email: finaid@ulm.edu | URL: http://finaid.ulm.edu

2025-2026 RECONSIDERATION REQUEST

Student Information:						
Last Name:	First I	First Name:		CWID:		
Email:	@warhawks.ulm.edu	DOB:	Phone # <u>:</u>	_()	
themselves or their	request a review of their FAFS parent(s) after the tax year usenine if a student is qualified for	ed with FAFSA. ULM	Financial Aid Services	_		_
★ Loss or change of	nuating circumstances include, femployment * Death of amount of child support, taxa	f Spouse ★ Divo	rce or separation sinc		_	•
Circumstances that a★ Standard living e★ Mortgage payme	·	ard or other persona		r payme	nts	
need to complete th documentation will	an extenuating circumstance a ne steps below. Requests will n not be returned. Do not subm tation pertaining to your circur	ot be reviewed until it originals. As your	ALL required docume	ntation	is received.	Submitted
The verification pro Reconsideration Rec	cess must be completed in its o	entirety, based on th	ne FAFSA tax income y	ear, bef	ore submitt	ing a
All requests for revi	ew are required to submit the stance. You must provide:	following informati	on, in addition to doc	umenta	tion reques	ted based on the
1. Personal informa	Statement: Submit a typed, d tion pertaining to the circumstor student may complete this s	ance. Your letter mu				
2. Documer best rep Retirem	ntation: Submit all required do presents you and your situation ent, life insurance or any lump has been reviewed. If you are	ocumentation for the n. Such as taxes, W-2 sum additional func	s, 1099s, Supplementa ls. Additional docume	al Incom Intation	e, Unemplo may be requ	uested once original
been submitted. All notified of the decis	n Request review process takes decisions made by ULM Financ ion through their ULM Warhav must certify the following with	cial Aid Services conc vk e-mail address or	erning special condition		•	
✓ The Reconsupcoming y	ation I have provided on this Resideration review process is base year. If the actual income of the hied future adjustments.	sed upon the estimat	ed income and docun	nentatio	n I have pro	vided for the
✓ I have not k or intention	knowingly or intentionally provinally given false statements or entenced to jail, or both, and m	fraudulent documen	tation, my dependent	's reque	st will be de	enied and I may be
✓ I understan has been ap	nd that I must inform my financ pproved).	ial aid counselor if a	ny circumstances char	ige for tl	ne current y	ear (after my review