2017-2018 Request to Re-evaluate Financial Aid Eligibility

All supporting documentation required by the Office of Financial Aid must be attached to your request. Please note this form does not guarantee that your request will be approved, or that you will be eligible for a re-evaluation of your financial aid eligibility. Incomplete request forms will not be re-evaluated. Requests for re-evaluation are processed through the Office of Financial Aid in as timely a manner as possible depending upon when they are submitted.

You may complete this form if you, your spouse’s, or your parents’ (for dependent students) financial, marital, or family situation has been altered significantly since you initially applied for financial aid at Southern Miss. Information from this form, supporting documentation you provide, and information our office retrieves from your financial aid file will be reviewed to determine if we can assist you. **Any adjustments we make to your financial aid must meet federal eligibility guidelines. Your eligibility for additional financial aid will be contingent upon your new eligibility status, your student status, and the availability of financial aid funds.**

Check the appropriate reason for your request listed below and attach all required documentation, sign the certification statement located at the end of this form (dependent students must also have a parent sign this form). Return your request to the Office of Financial Aid at the campus you plan to attend. You may wish to attach a written statement to support your request for re-evaluation of your financial aid eligibility. **NOTE: All documents submitted to the Office of Financial Aid are covered under the Family Education Rights and Privacy Act and are held in the strictest confidence. These documents will only be used to determine if you are eligible for additional financial aid assistance.**

1.) **A CHANGE IN MARITAL STATUS HAS OCCURRED SINCE AN INITIAL APPLICATION FOR FINANCIAL AID WAS PROCESSED.** (A student who married after an initial application for financial aid was processed will submit a re-evaluation request based on becoming married, and must submit a copy of marriage license. Financial Aid administrators have the authority to update marital status on a case-by-case basis, if the changes will more-accurately reflect the student’s ability to pay).

   Please provide a copy of the Divorce Decree or documentation to verify that a separation has occurred, a copy of the student’s, spouse’s, or parents’ 2015 federal IRS Tax Transcript, and applicable 2015 W-2 forms. Dependent students must also provide confirmation of who will be their custodial parent during the academic year.

2.) **MEDICAL EXPENSES.**

   Please provide documentation showing that you, your spouse, or your parents paid medical expenses that exceed 15% of yearly income. Documentation that shows that medical expenses have not and will not be paid by health insurance or other healthcare providers is also helpful. Examples of sufficient documentation include canceled checks to pharmacies, physicians, or medical facilities; billing statements that reflect amounts paid statements from medical insurers, and Schedule A of your 2015 federal income tax return.
__3.)__ THERE HAS BEEN A CHANGE IN THE FAMILY SITUATION DUE TO THE DEATH OF A SPOUSE OR PARENT.

Please provide a copy of the spouse’s or parent’s death certificate, or a copy of an obituary.

__4.)__ THERE ARE OTHER CIRCUMSTANCES THAT SHOULD BE CONSIDERED.

Please explain in detail and fully document the circumstances that indicate that you, your spouse, or parents have experienced significant changes that affect your financial status. Please attach additional sheets as needed for your explanation of these circumstances. **WITHOUT AN EXPLANATION AND DOCUMENTATION OF THE CIRCUMSTANCES, THE RE-EVALUATION WILL NOT BE CONSIDERED.**

CERTIFICATION STATEMENT

By signing below, I affirm that all information contained in or attached to this request for a re-evaluation of my financial aid eligibility, including any attached personal statements and/or other documentation, is true and correct to the best of my knowledge. I affirm that I have not knowingly or intentionally provided any false statements and/or fraudulent documentation. I understand that if I am found to have knowingly or intentionally given false or fraudulent statements and/or documentation, this request will be denied and that any eligibility for federal and state student aid may be suspended or canceled.

______________________________ ________________________________
(Student Signature)       (Date)

______________________________ ________________________________
(Spouse’s Signature)      (Date)

______________________________ ________________________________
Parent/ Step-parent/ Legal Guardian’s Signature)     (Date)

*Must provide documentation of legal guardianship.

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