



2026-2027 Independent Student Change in Circumstances

This form is to be submitted only after a student has applied for financial aid using the 2026-2027 Free Application for Federal Student Aid (FAFSA). Complete this form only if there has been a **recent unusual or extenuating circumstance** that has caused a **significant decrease** in taxable or untaxed income. Submit this request for re-evaluation when six weeks have elapsed since income changes have occurred.

Student Information:

Name: _____ RIC ID: _____

Phone: _____ Email: _____

Date the Change Went Into Effect: _____

Please check each category that pertains to your change of income:

____ Unemployment ____ Disability ____ Retirement ____ Death
____ Non-elective medical or dental expenses (not covered by insurance)- must attach supporting documentation
____ Other (Please explain. If additional space is needed, continue on a separate page.)

Estimated Income: 12 months beginning with date of income change

Income Type	Student	Spouse
Wages, tips, and salary		
Unemployment Benefits		
Untaxed Income		
Please Specify: _____		
Other Source		
Please Specify: _____		
Child Support Received		

DOCUMENTATION MUST BE SUBMITTED TO VERIFY REDUCED INCOME.

Examples Include:

Copies of pay stubs from all employers for whom you worked, a letter verifying unemployment, TDI, or Social Security benefits, or a letter documenting child support received.

Certification and Signatures

I certify that all information provided in reference to this re-evaluation is accurate and true. I understand that purposely giving false or misleading information on any financial aid application may result in a fine of up to \$10,000, imprisonment for up to five years, or both. We understand that the financial aid award may change based upon the information provided. I further understand that any changes must be reported in writing to the Financial Aid Office.

Student Signature: _____ Date: _____

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