2026–2027 FINANCIAL AID
RECONSIDERATION REQUEST

Institutional and Federal Aid Review • Parents of Dependent Undergraduate Students

SECTION 1 **Getting Started**
Student Information • Before You Begin • Deadline • File Readiness • Review Process

Reconsideration requests and all required supporting documentation must be received by April 21, 2026.

Student Information

Student Name		**Tulane ID**	
Student Email		**Phone**	

Before You Begin

Use this form to request reconsideration of Tulane institutional need-based financial aid and federal financial aid because of significant, documented special circumstances. A significant income reduction is generally defined as a decrease of 15% or more from 2024 to 2025.

Important: Submitting this request does not guarantee additional financial aid. Eligibility must be established, all required documentation must be received, and funding must remain available.

File Readiness

☐ The 2026–2027 CSS Profile has been submitted and received by Tulane

☐ The 2026–2027 FAFSA has been submitted and received by Tulane

☐ All documents required for the initial review have been submitted and received by Tulane

☐ The student's initial financial aid review has been completed.

☐ All outstanding Financial Aid Gibson To Do List items have been submitted.

Request Type

☐ Income Reduction or Change

☐ Out-of-Pocket Medical Expenses

☐ Asset / Home Value / Mortgage Review

☐ Other Special Circumstances

Review Process

1 Submit Upload the completed form and all documentation through the Financial Aid Forms Portal.	**2 Completeness Check** Only completed requests submitted by the deadline are reviewed. The financial aid counseling team may request additional information during review.
3 Eligibility Review Tulane reviews the documented circumstances under institutional and federal policy.	**4 Decision** Additional funding depends on eligibility and availability of funds.

Federal verification and all outstanding requirements must be completed before Tulane can make changes to FAFSA information.

SECTION 2

Income Reconsideration

2024 Base-Year Income Compared With Actual 2025 Income

Student Name		Tulane ID	

Complete this section when the family experienced a significant income reduction or other material income change. Enter an amount for every item. If none, enter "0"; do not leave a line blank.

Required Documents

☐ Signed **2025** federal income tax return, including all schedules

☐ All **2025** W-2 and/or 1099 forms

☐ Documentation supporting the income change (for example: final pay stub, termination letter, unemployment statement, death certificate including death-related benefit documentation)

☐ Written explanation describing the change and the effective date

Income worksheet instructions: The 2024 column must reflect income reported on the 2026–2027 CSS Profile and FAFSA. The 2025 column must accurately reflect the 2025 federal income tax return. An income request is incomplete and cannot be reviewed until the signed 2025 tax return and supporting income documents are on file by the noted deadline.

A. Taxed Income Information

Type of Income	Actual 2024 Income	Actual 2025 Income
Parent 1 wages and salaries		
Parent 2 wages and salaries		
Interest and dividend income		
Business income		
Capital gain (or loss)		
Pensions and annuities		
Rents, royalties, estates, trusts, and partnerships		
Farm income		
Unemployment benefits		
Other taxable income (itemize below)		
TOTAL TAXABLE INCOME		

Other taxable income details: _____

Student Name		**Tulane ID**	

B. Untaxed Income Information

Untaxed Income	Actual 2024 Income	Actual 2025 Income
Child support received		
Social Security benefits		
Veterans benefits		
Disability pay		
Housing, food, and other living allowances		
Untaxed pensions		
Cash support or money paid on your behalf		
Deferred retirement contributions		
Earned Income Credit		
Tax-free interest income		
Deferred compensation		
Cafeteria plan contributions		
Non-taxed capital gain		
Foreign income exclusion		
TOTAL UNTAXED INCOME		

C. Federal Tax Information

U.S. Federal Income Taxes	Actual 2024	Actual 2025
U.S. federal income taxes paid		

D. Income Change Explanation

Explain what changed, who was affected, the effective date, whether the change is temporary or ongoing, and how the 2025 figures were determined. Attach a separate sheet if more space is needed.

SECTION 3

Medical + Assets / Home

Complete only the subsection(s) that apply to the family's circumstances

Student Name		Tulane ID	

A. Out-of-Pocket Medical Expense Review

List only documented medical or dental expenses that were paid by the family and were not reimbursed by insurance, an employer, an HSA/FSA, or another source. Do not include unpaid balances.

Required Documents

- ☐ Itemized expense summary
- ☐ Bills, invoices, receipts, and/or Explanation of Benefits (EOBs)
- ☐ Proof of payment
- ☐ Documentation of insurance or other reimbursement, if applicable
- ☐ Written explanation of the extraordinary medical circumstances

Patient / Relationship	Type of Expense	Date Paid	Reimbursed	Out-of-Pocket
TOTAL				

Medical Circumstances Explanation

Describe the condition or event, the period of treatment, and why the expenses are unusual for the family. Do not include diagnoses beyond what is necessary to explain the financial impact.

Student Name		Tulane ID	

B. Asset / Home Value / Mortgage Review

Use this subsection when an asset value, home value, or mortgage balance reported on the CSS Profile and FAFSA requires review. Provide current third-party documentation for every amount listed.

Documentation Checklist

- ☐ Current bank or brokerage statement(s)
- ☐ Current appraisal or Comparative Market Analysis (CMA)
- ☐ Property tax assessment
- ☐ Current mortgage statement showing principal balance
- ☐ Business or farm documentation
- ☐ Other third-party documentation

Asset Type	Reported Value	Current Value	Document Attached
Cash, savings, and checking			
Investments			
Real estate other than the primary home			
Business or farm net worth			
Other asset (describe)			
TOTAL			

Primary Home / Mortgage Information

Current market value		**Valuation date**	
Current mortgage principal balance		**Statement date**	
Current net home equity		**Valuation source**	
Year purchased		**Purchase price**	

Asset / Home Explanation

Explain why the reported value should be reviewed, what changed, and how the current value was determined. Attach a separate sheet if needed.

SECTION 4

Other Circumstances + Certification

Extraordinary Expenses • Supporting Documentation • Certification • Submission

Student Name		Tulane ID	

A. Other Special Circumstances / Extraordinary Expenses

Use this section for documented, non-discretionary circumstances not fully captured in the income, medical, or asset sections. Examples may include death of a family member, change in marital status, funeral costs, disability-related expenses, or other extraordinary family expenses.

Required Documentation

☐ Detailed written explanation

☐ Legal or official documents, when applicable

☐ Invoices, statements, receipts, or proof of payment

☐ Other documents verifying the financial impact

Circumstance / Expense	Date Incurred	Total Amount	Current Amount Owed	Amount to Pay 07/01/26–06/30/27
TOTAL				

Circumstances Explanation

Describe the event, when it occurred, how it changed the family's financial situation, and which supporting documents are attached. Death certificate and documentation of survivor or death-related benefits attached. Include a separate sheet if needed.

Student Name		Tulane ID	

B. Certification

Please read before signing: Tulane will review the request carefully and may require additional documentation. A review may result in no change, an increase, or another adjustment to the student's financial aid. Additional aid is not guaranteed and remains subject to eligibility and available funding.

I certify that I have read and understand the instructions and conditions of this reconsideration request. All information and documentation provided are true, complete, and honestly presented to the best of my knowledge. I understand that Tulane University may request additional documentation and that incomplete requests cannot be reviewed. I will promptly notify the Tulane University Office of Financial Aid if the family's financial situation changes again or if any information submitted becomes inaccurate.

Parent 1 printed name		**Date**	
Parent 1 signature			
Parent 2 printed name		**Date**	
Parent 2 signature			
Parent address			
City / State / ZIP			
Parent phone		**Parent email**	

Submission Instructions

PREFERRED: SECURE UPLOAD **Financial Aid Forms Portal** https://finaidforms.tulane.edu/Home/Account/Login	**Scanned PDF to the Financial Aid secure document email:** **FADOCS@tulane.edu**

Include the student's name and Tulane ID on every document.

Contact Information

Office of Financial Aid • (504) 865-5723 • finaid@tulane.edu • financialaid.tulane.edu