Governors State
UNIVERSITY

Office of Financial Aid & Scholarships
1 University Parkway
University Park, IL 60484
708.534.4480
govst.edu/financialaid

2025-2026 SPECIAL CIRCUMSTANCES REQUEST

A request for special circumstance consideration is meant to be a one-time event, not one that is completed every year, except in rare cases.
This form should only be completed by undergraduate students, as any changes for graduate and professional students would not change the award.

Student Name: _____ GSU ID #_____ Last 4 digits of SS#:_____
Please Print Last First

Permanent Home Address: _____
City State Zip Code

Student's Date of Birth: _____Home Phone #: _____Cell #: _____

WHAT YOU *MAY* NEED TO SUBMIT WITH THIS FORM (YOU SHOULD MEET WITH A FINANCIAL AID ADVISOR BEFORE SUBMITTING DOCUMENTATION TO BE SURE WHAT IS NEEDED):

- 25-26 Dependent or Independent Verification Form
- **2024** IRS Tax Transcripts for you and your parents (or spouse) if required to file.
- Proof of Illinois Residency – copy of Driver's License dated prior to 9-1-24.
- All **2024** W2's for you and your parents (or spouse)
- All current benefits statements (Social Security, Disability, Unemployment, etc.)
- *Additional documentation may be requested once the initial documentation is reviewed.*

Please describe in the space below the reason you are requesting a special circumstance consideration. Include dates and any details and any additional documentation that would help us to make a determination. Use a separate sheet of paper if needed.

_____
_____
_____
_____
_____
_____
_____
_____

A Financial Aid advisor will notify you through GSU student e-mail if additional documentation is needed.

CERTIFICATION AND SIGNATURES
Each person signing this form certifies that all of the information reported on it is complete and correct.

_____
Student Signature Date

_____
Parent Signature (For Dependent Students) Date

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

CRI CODE: FAC25LOI