VILLANOVA UNIVERSITY

2026-2027 Independent Student Request for Revision

Please Return To:
Office of Financial Assistance Dropbox
https://www1.villanova.edu/university/office-of-financial-assistance/contact-us/dropbox-and-important-forms.html

Student's Name:_____ **Villanova University Student ID Number**:_____
(8 Digit Number)

Villanova University provides special consideration for applicants who are experiencing a change in financial circumstances due to one of the extenuating circumstances listed on the next page.

Provide a detailed statement, which can be written on the lines provided below or include a separate statement, specifying the reasons your / your spouse's 2026 income will be reduced, the date the change became effective, and the amount of funding that you are requesting. **You must complete and submit all 3 pages to the Office of Financial Assistance with all supporting documentation. Your request will NOT be reviewed if form is incomplete or documentation is missing.**

Amount of Additional Financial Assistance Requested to Meet 2026-2027 Educational Expenses $ _____

CONTINUE TO THE NEXT PAGE

VILLANOVA UNIVERSITY

Villanova University

Student's Name:_____ **Student ID Number**:_____
(8 Digit Number)

To better understand the circumstances you are facing, please check all applicable situations and attach the supporting documentation:

A. ☐ **Death of Spouse:**

Date of Death: _____
Month/Day/Year

Supporting Documentation:
- Copy of Death Certificate

B. ☐ **Divorce or Separation:**

Date of Divorce or Separation: _____
Month/ Year

Supporting Documentation:
- Copy of Divorce Decree, if divorced
- Copy of Legal Separation Agreement or Proof of Separate Residences (copy of mortgage or lease), if separated

C. ☐ **Change in Student's / Spouse's Employment Status*:**

Date of Change: _____
Month/Day/Year

Individual Who Experienced Change: _____
Student/Spouse

Supporting Documentation

- Notice of Lay Off/Termination from Employer
- Copy of Last Pay Stub from prior employer
- Notice of Eligibility for Unemployment Benefits
- Copy of Full Severance Agreement, if applicable
- 3 Recent Pay Stubs from current employment, if employed

Date Unemployment Benefits Began: _____
Month/Day/Year

Was Severance Pay Received? _____
Yes or No

If yes, what is the total amount of severance that was/will be received in 2026? _____
Total Amount

*Attach all supporting documents

*Loss of Bonus income is not considered as a change to employment status

Date of Retirement, if applicable: _____
Month/Day/Year

D. ☐ **Permanent and Total Disability:**

Date of Disability: _____
Month/Day/Year

Individual Who is Disabled: _____
Student/Spouse

Date Disability Benefits Began: _____
Month/Day/Year

Supporting Documentation:
- Confirmation of Disability from HealthCare Provider
- Statement of Benefits from Workmen's Compensation
- Statement from Social Security Disability

E ☐ **Untaxed Income has Ceased or been Reduced:**

Date of Change: _____
Month/Day/Year

Individual with Change in Income: _____
Student/Spouse

Supporting Documentation:
- Proof of Cessation or Reduction

Type of Untaxed Income: _____

Reason for Change: _____

F ☐ **Out of Pocket Medical Expenses NOT Covered by Insurance**

Amount Paid in 2024: _____

Amount Paid in 2026: _____

Supporting Documentation:
- Must exceed 4.1% of total income
- On the 1st page of this form or on a separate statement, provide an itemized summary of unreimbursed medical/dental expenses that you paid and indicate the calendar year those expenses were paid. If you prefer to attach a spreadsheet with only those items and the corresponding payments, you may do so. If additional clarification is needed, we reserve the right to request additional documentation, including copies of paid bills/statements. We can NOT consider expected or anticipated bills.

CONTINUE TO THE NEXT PAGE

VILLANOVA UNIVERSITY

Student's Name:_____ **Villanova University Student ID Number**:_____
(8 Digit Number)

Complete both sections (Gross Taxable and Untaxable Income) below with income/resources (prior to exemptions, adjustments, or deductions) you / your spouse, if applicable, have received and expect to receive from January 1, 2026 until December 31, 2026.

DO NOT LEAVE BLANKS – IF NONE, ENTER ZEROS.

TOTAL 2026 GROSS TAXABLE INCOME (January 1, 2026 – December 31, 2026)

1. Wages, salaries, tips from Student	$_____
2. Wages, salaries, tips from Spouse	$_____
3. Severance Pay	$_____
4. Pensions/Annuities	$_____
5. Interest and Dividend Income	$_____
6. Business, Farm, or Rental Income	$_____
7. Capital Gains	$_____
8. Alimony which will be received	$_____
9. Unemployment Compensation	$_____
10. Projected IRA, KEOGH and/or SIMPLE payment/distribution *(include lump sum or early withdraw from an IRA or retirement fund)*	$_____
11. Any other taxable income: *(indicate source of taxable income, i.e. tax refund, stock options, etc.)*	$_____

Total 2026 – Gross Taxable Income $_____

TOTAL 2026 UNTAXABLE INCOME (January 1, 2026 – December 31, 2026)

1. Payments to Tax Deferred Pensions *(paid directly or withheld from earnings, i.e. 401(k), 403(b), etc.)*	$_____
2. Child Support Received	$_____
3. Workmen's Compensation	$_____
4. Social Security benefits or SSI for all family members	$_____
5. Retirement or Disability Benefits	$_____
6. Any other untaxable income: *(please indicate the source of the untaxed income, i.e Living/Housing Allowances Money received or paid on family or student's behalf)*	$_____

Total 2026 – Gross Untaxable Income $_____

- **Attach all supporting documentation where possible and submit using our Dropbox found on our website finaid.villanova.edu**
- **Submission of this form does not guarantee additional aid**
- **All balances should be paid based on the current aid notice. Late fees may be assessed while the form is under review**
- **Request for Revision forms will not be reviewed until the student's original and complete 2026-2027 financial aid application (including all 2024 tax documents) has been reviewed**
- **We reserve the right to request a copy of the 2025 Federal Tax Return, W-2 forms and other necessary documents**

All information submitted on this form is true and correct, to the best of my knowledge. I/We understand that if any of the projections change, we must notify the Office of Financial Assistance in writing. I/We understand that this Request for Revision Form is valid for the 2026-2027 academic year only.

A wet signature is required on this form.

_____ _____ _____

Name of Student Completing Form | Signature of Student Completing Form | Date