FLORIDA TECH

SPECIAL CONDITIONS REVIEW REQUEST

Name _____ Student ID _____

This request is for the (select one):

❑ 2025–2026 Aid Year (Classwork from July 1, 2025–June 30, 2026)

❑ 2026–2027 Aid Year (Classwork from July 1, 2026–June 30, 2027)

Please indicate the reason/reasons below for which you are requesting a special conditions review:

❑ Loss of employment

❑ Loss of untaxed income or benefit

❑ Parent/student separated or divorced after FAFSA was filed

❑ Death of parent/spouse after FAFSA filing

❑ Business or farm closure

❑ Parent/student newly disabled

❑ Other (please specify):

_____

The household income reflected on the FAFSA was approximately $_____ and the household income is now $_____. Briefly describe the situation:

_____ _____

Student's signature Date

_____ _____

Parent's signature *(if applicable)* Date

Florida Institute of Technology ▪ Office of Financial Aid ▪ 150 W. University Blvd., Melbourne, FL 32901-6975 ▪ 321-674-8070 ▪ Fax 321-724-2778
finaid@fit.edu