



RETURN TO: Office of Financial Aid | 11 Gates Hall  
1900 W. 7<sup>th</sup> Street, CMB #1266, Plainview, TX 79072  
finaid(yourcampus)@wbu.edu | finaidhelp@wbu.edu (Plainview)

## 2025-26 Unusual Circumstance Review Request

Student's Name

Student ID

## Additional Information

Please use the space below to explain any information on this form or expand upon your circumstances. Attach a document if more space is needed.

## Student Certification

I certify that the information provided on this form is accurate and complete as of this date. I understand that the request for financial aid reevaluation is not guaranteed to result in a change to my financial aid eligibility and does not release me from payment of any balance due on my student account.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Please sign and submit completed form, along with supporting documentation to the Office of Financial Aid.