

Professional Judgment

Last Name	First Name	M.I.	Student ID#
(____)_____ - _____			
Phone Number (Including Area Code)		Date of Birth	

If you or your family has unusual circumstances or conditions that may affect your ability to cover your educational expenses, you may be eligible to apply for a Professional Judgment based on your situation. Your unusual circumstances or conditions will be considered in determining if an adjustment to your eligibility for Financial Aid is appropriate.

This form is intended for students requesting a recalculation of financial need based on (but not limited to)

- Loss of employment by student, spouse, or parent
- Loss of income due to disability of student, spouse or parent
- Loss of unemployment benefits by student, spouse, or parent
- Loss of untaxed income or benefits by student, spouse, or parent
- Death of spouse or parent
- Divorce or separation of self or parent
- Loss of income due to natural disaster

In order for your appeal to be taken into consideration, you must submit the following required documentation

- A written/typed statement describing in detail
 - the unusual circumstances or conditions that may affect your ability to cover your educational expenses
 - why you/your family feel an exception should be made
 - the specific dates when your circumstance or conditions occurred
 - the changes in your income or ability to pay
 - please sign and date your statement
- Verification (proof) of your circumstances or conditions.
 - Possible examples could include a doctor's note, legal documentation, a letter from an employer, and/or medical documentation.
- Complete the following two charts and provide appropriate documentation to verify the income or assets which you are reporting.
 - Possible examples include paystubs, benefit statements, bank statements and/or W-2's.

The appeal evaluation and decision will be based on the information you provide on this appeal as well as the information contained within your supporting documentation. Incomplete appeals/documentation cannot be considered.

Last Name

First Name

M.I.

Student ID#

Complete the following accurately and carefully. Carefully estimate your **GROSS** earnings for the remainder of **20_____**. If you are unable to accurately estimate your **GROSS 20_____** income, wait until you are able to do so before submitting this form to us.

****Please show below, month by month figures for WAGES, SALARIES, TIPS.**

	Student		Spouse		Father		Mother
Jan	\$	Jan	\$	Jan	\$	Jan	\$
Feb	\$	Feb	\$	Feb	\$	Feb	\$
Mar	\$	Mar	\$	Mar	\$	Mar	\$
Apr	\$	Apr	\$	Apr	\$	Apr	\$
May	\$	May	\$	May	\$	May	\$
Jun	\$	Jun	\$	Jun	\$	Jun	\$
Jul	\$	Jul	\$	Jul	\$	Jul	\$
Aug	\$	Aug	\$	Aug	\$	Aug	\$
Sep	\$	Sep	\$	Sep	\$	Sep	\$
Oct	\$	Oct	\$	Oct	\$	Oct	\$
Nov	\$	Nov	\$	Nov	\$	Nov	\$
Dec	\$	Dec	\$	Dec	\$	Dec	\$
TOTAL	\$	TOTAL	\$	TOTAL	\$	TOTAL	\$

ANTICIPATED INCOME FOR 20_____

	Student & Spouse	Parents
**Wages, salaries, tips (including severance pay, disability payments, and any income from work)	Student \$ _____ Spouse \$ _____	Father \$ _____ Mother \$ _____
Other taxable income (refunds from state tax returns, interest income, dividend income, etc.) include earned income credit		
Unemployment benefits		
Untaxed Social Security benefits		
AFDC (Aid to Families with Dependent Children)		
Child support received		
Other untaxed income		
TOTAL		

By signing this form I certify the information I have provided is complete and accurate to the best of my knowledge

Student Signature _____ Date _____

Parent Signature _____ Date _____

*****FINANCIAL AID OFFICE USE ONLY*****

Professional Judgment: _____ **Approved** _____ **Denied**

Adjustments based on: _____

Financial Aid Advisor Signature _____ **Date** _____

SAR Adjustments _____