



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.

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.

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Complete the following accurately and carefully. Carefully estimate your **NET** earnings for the remainder of **20**_____. If you are unable to accurately estimate your **NET 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 _____