



## PROFESSIONAL JUDGEMENT REQUEST 2024-2025

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

This form is to request a consideration of your 2024-2025 financial aid award. Eligibility for financial aid is determined by the Free Application for Federal Student Aid (FAFSA) which currently uses financial information from two years prior to estimate a household's current circumstances. Federal Student Aid recognizes that households can experience changes in income or other finances that are not reflected in their information from two years prior. When these situations occur, it is possible to re-evaluate a student's eligibility on a case by case basis considering current circumstances through the Professional Judgement (PJ) process.

**All Professional Judgement applications are required to have a detailed letter of explanation and supporting documentation.**

**Please select the option that best describes your special circumstances.**

**Loss of Employment for Student/Spouse/Parent**

- Signed detailed statement describing changes that resulted in loss or reduction of income, **include dates and all sources of income**
- Copy of 2022 tax return transcripts and or W-2's if applicable
- Employer letter on letterhead reflecting last date of employment
- Proof of unemployment benefits if applicable
- Most recent paystubs showing year-to-date earnings, if applicable

**Death of Parent or Spouse**

- Signed detailed written statement describing the change in circumstances
- Copy of death certificate of the deceased individual
- Copy of the final paycheck
- Documentation of any death benefits received (including but not limited to life insurance, social security, pension payouts, etc.)

**Excessive Medical or Dental Expenses**

- A signed detailed written statement describing out-of-pocket expenses.
- Copy of Schedule A from 2021 or 2022 Federal Tax Return, if applicable
- Attach bills/receipts and an itemized list with a total of all medical and or dental expenses

**Disability**

- A signed detailed written statement describing out-of-pocket expenses.
- Documentation of disability diagnosis
- Documentation of costs paid by you related to the student's disability (i.e. personal assistance, transportation, equipment or supplies)

**Other Special Circumstances**

- Signed detailed statement describing unusual or unexpected expenses, **include dates**
- Supporting documentation
- Copy of applicable tax return transcripts and or W-2's, if applicable

**CERTIFICATION**

I (we) certify that all the information provided is correct. I (we) understand that adjustments can be approved only in situations provided for by federal regulation and policy that have been documented. If I (we) have not provided the required documents, my (our) request will be automatically denied. I (we) understand that providing false or deliberately misleading statements is a violation of federal law and may result in a prison sentence, fines or both.

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

\_\_\_\_\_  
Parent Signature Date

**Internal Use Only**

Recalculated SAI \_\_\_\_\_ PJ Processing Date \_\_\_\_\_

\_\_\_\_\_ Approval \_\_\_\_\_ Denial

**Explanation/Comments:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Financial Aid Representative

\_\_\_\_\_  
Date