



Emerald Coast Technical College Main Campus – DeFuniak Springs | Emerald Coast Technical College @ Magnet Innovation Center – Watersound

PROFESSIONAL JUDGMENT APPEAL REQUEST REVIEW FORM

FOR OFFICIAL USE OF THE FINANCIAL AID OFFICE

Student Information:

Last and First Name _____ Last 4 Digits of SSN _____

FINAL DETERMINATION

Accepted

Denied (Briefly described the decision):

AUTHORIZED BY:

Name of the Financial Aid Officer

Signature of the Financial Aid Officer

Date
Month/Day/Year

Date of notification sent to the student: _____
Month/Day/Year

Sent by: _____

Note: The Financial Aid Office will use the Professional Judgment Request Form and Professional Judgment Appeal Request Form for the determination.



Copy of this document must be kept in the student's file.