

PROFESSIONAL JUDGMENT REQUEST FORM

Student Information:	
Last and First Name	Last 4 Digits of SSN
Postal Address	
Phone Number	_ Email
Please fully read before completing.	
the Free Application for Federal Student A States Congress assumes that the income	is is calculated based on the information provided in id (FAFSA). The formula established by the United assets, and household size are wonderful for the year. This does not take into ial or household situation.

Professional Judgment is the process through which the Financial Aid Office performs on a case by case basis re-evaluation of the student's eligibility. Using more up-to-date information that accurately reflects the current financial situation of the student and their family. **This must be properly documented**. These circumstances may include loss of income, change in household size, loss of assets, unusual expenses, etc.

The following information provides the details of the process used to determine the student's eligibility by means of Professional Judgment. The Financial Aid Officer or authorized personnel will evaluate the request and the documents provided by the student and based on his/her professional judgment, he/she will accept or deny the request. The student will receive a written notification of the determination.

Note: Professional Judgment will be requested and evaluated each award year and may require additional information to support the status. Before evaluating this request, the student, in conjunction with the Financial Aid Office, will need to complete the verification process and resolve any situation related to your FAFSA (as applicable).

Required Documents:

- I. Professional Judgment Request Form Properly completed and signed.
- **II.** A certification explaining the reasons for the request This certification must provide all possible details that best describe the situation.
- **III. Evidence for special circumstances –** It must include the required information and documents to support the situation according to the circumstances of the request. See reference in required documents and attach them to this request.

IV. Complete the information of the person to to:	whom the special circumstance applies			
Last and First Name	Last 4 Digits of SSN			
Postal Address				
Phone Number Email				
Relationship with student				
Student Spouse Father and Mo	other 1 Father and Mother 2			
Please state the reason for which you are requesting a re-evaluation of your eligibility for financial aid and submit as applicable.				
Involuntary loss of employment Indicate: a. Date in which you lost your job: b. Reason c. Do you receive unemployment benefits				
c. Do you receive unemployment benefits	s? 🗆 Yes No			
Required documents. Include: Employer certification stating the date income. Unemployment benefits certification (if	of employment termination and earned applicable).			
2. Income reduction Indicate: a. Date of income reduction b. Reason c. Do you receive unemployment benefits				
Required documents. Include: Employer and/or agency certification s reduction. Unemployment benefits certification (if	•			
3. Divorce or separation				
Indicate: a. Date of separation: b. Student Parents c. Current address of both parents/spous	es:			
Name and address (Parent/Spouse 1)	Name and address (Parent/Spouse 2)			
d. If the student is dependent, who will hat a father/Mother 1 Father/Mother Required documents. Include: Copy of Divorce Decree				

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4. Death of : Spouse Father/Mother 1 Father/Mother	er 2
Required documents. Include: Death Certificate	
5. Parents refuse to provide financial aid and to complete the FAFS	SA.
Required documents. Include: Parent's Certification	
6. Other	
Describe:	
Required documents. Include: Submit evidence that according with the description.	
I certify that the information provided in this application form is understand that submitting false information to receive Feder considered a federal crime and may be punished by fine, impriunderstand that if my situation changes in any away, I must report in Office.	al Financial Aid is isonment or both. I
Student's signature Date	Month/Day/Year

CERTIFICATION

(Person to whom the special condition applies)

Last and Fire	st Name	Last 4 [Digits of SSN	
	ess			
		Cellphone Number		
Describe the	e special condition:			
I certify that all of the information reported is complete and correct.				
Signature		Date	Month/Dav/Year	



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