



# Professional Judgment Request Form

The Higher Education Act allows financial aid offices to address unusual circumstances when a family's ability to pay for a college education is not accurately reflected on the FAFSA. Since each situation will be reviewed on a case-by-case basis, additional aid is not guaranteed.

## ▶ PERSONAL INFORMATION

Student Name \_\_\_\_\_

Student ID Number \_\_\_\_\_

Student SSN \_\_\_\_\_

## ▶ MARK THE BOXES THAT APPLY AND SUBMIT CORRESPONDING DOCUMENTATION

**Out-of-pocket medical expenses** – Uninsured medical, dental and vision expenses that occurred in the family that will not be reimbursed by insurance or other funding. Total out-of-pocket expenses for 2015: \$ \_\_\_\_\_

Documentation required (one of the following):

- A copy of Schedule A if you included medical expenses in your itemized deductions on the 2015 tax form
- A **signed** summary of all medical expenses, including name of medical provider, type of expense (surgery, doctor visit, pharmacy, etc.), amount not covered by insurance, and amount you paid in 2015.

**Private school tuition expense** – Private K-12 tuition expenses paid for any child in the family in the 2015 tax year.

Name of student(s) \_\_\_\_\_

Name of school(s) \_\_\_\_\_

Tuition paid in 2015: \$ \_\_\_\_\_ (Do not include other fees—only tuition)

Documentation required:

- Receipt (or letter) from the school showing amounts paid in 2015. Please label unclear bills.

**Parent enrolled in college at least half time in a degree-seeking program** – The parent must be enrolled in 2015 or 2016.

Name of parent enrolled \_\_\_\_\_

College/university name \_\_\_\_\_

Status of parent enrollment  Full time  Half time  Other \_\_\_\_\_

Amount of tuition paid out-of-pocket 2015: \$ \_\_\_\_\_ 2016: \$ \_\_\_\_\_

Documentation required:

- Proof of registration from school
- Bills or other statements from school showing amount paid for tuition

**Traditional IRA converted to Roth IRA in 2015** – Amount converted in 2015: \$ \_\_\_\_\_

Documentation required:

- Copy of 2015 tax forms, pages 1-2
- Copy of 1099R or other financial document showing the amount of the conversion

**One-time income source that inflates income** – Includes funds that are not accessible, lump sum distributions from retirement plans that are not recurring, etc. Amount of inflated income in 2015: \$ \_\_\_\_\_

Documentation required:

- A copy of Form 1099-R, if applicable
- A copy of the 2015 IRS tax return, pages 1-2, and any other applicable schedules related to the request
- Explain the situation using space provided at end of this form. Include detail of how the non-recurring income was spent or why it is not available to pay college expenses.

**Child support or Social Security benefits that have decreased or ended**

Documentation required:

- Legal documentation or notarized statement indicating the amount and date of change
- Explain the situation using space provided at end of this form.

**Other extenuating circumstances**

Documentation required

- Explain the situation using space provided at end of this form.
- Any supporting documents that verify the financial ramifications mentioned in the letter

My signature below confirms that all of the information submitted is true and complete to the best of my knowledge. If asked by an authorized official, I (we) agree to give proof of this information. I (we) also realize that if I (we) do not give proof when asked, the request may not be considered.

Student Signature \_\_\_\_\_  
(Required if student's income changed)

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_  
(Required if parent's income changed)

Date \_\_\_\_\_

For office use only:

Original EFC \$ \_\_\_\_\_ Adjusted EFC \$ \_\_\_\_\_ PJ date \_\_\_\_\_

PJ completed by \_\_\_\_\_ Method of communicating results \_\_\_\_\_

PJ notes \_\_\_\_\_

Explanation of income change: