

## Office of Financial Aid

## Request for Professional Judgment Adjustment to Financial Aid Application 2025-2026

Name:		Student Id #:	
income, adjustn their cu Isother	, institutional Financial Aid Officers an nents when a student (or student's fam arrent financial situation. Listed below	dent Aid (FAFSA) is based on prior prior year's re allowed to use "Professional Judgment" to make ally) experiences unusual circumstances which affe are the circumstances the Financial Aid Office at Please read through each circumstance and check	ct
1.	LOSS OF EMPLOYMENT OR REDUCTION full time (at least 35 hours a week) in 2023, but students, the student's parents may also be constituted by the student of	ON OF INCOME: The student and/or the student's spouse work that had a loss or reduction of income in 2025. For dependent isidered.	ced
2.	during 2023, but is no longer receiving that inco	FIT: The student (or spouse) received an untaxed income or bencome or benefit. This would apply to the student's parent(s) for a me or benefits: TANF, child support, alimony, etc.	
3.		<u>PENSES</u> : The student and/or his/her family had medical or denta <u>10</u> during 2023. Note: to use this option the medical expenses al Income Tax Return.	
4.	from their spouse since the date they filed their	ING THE FAFSA: The student has become separated or divor 2025-2026 FAFSA. This would apply to the separation or divorgal documentation and/or notarized certification will be required.	rce of
5.	one-time lump sum disbursement of funds that \$3000. These funds must have been a one-time	<b>T. PAYMENT, OR SETTLEMENT</b> : The student (or spouse) he appeared on their 2023 Federal Income Tax Return in excess of the disbursement and will not be received again in 2024 or 2025. The nent of funds for a dependent student's parent(s). This would in account, a legal settlement, or an inheritance.	This
6.	OTHER AS DOCUMENTED BY A FINANCE	CIAL AID OFFICER: (to be completed by a Financial Aid Of	ficer)
Student	's Signature:	Date:	
		R REQUIRED DOCUMENTATION	
Approve	ed by: Director's Signature		
	Director's Signature	Date	

## **Required Documentation**

☐ Layoff notification from employer			
☐ Student's most current or final paycheck			
☐ Spouse's most current or final paycheck			
Parent's most current or final paycheck			
☐ Benefit History Printout from the Employment Security Commission.			
☐ Wage History Statement from the Employment Security Commission.			
☐ W-2(s) for the year 2023 (student, spouse, and/or parents)			
☐ Federal Income Tax Return for the year 2023 (student, spouse, and/or parents)			
☐ W-2(s) and Federal Income Tax Return for the year 2024 (student, spouse, and/or parents)			
Family Size Verification Worksheet (blue form)			
☐ Verification of loss of social security benefits			
☐ Verification of loss of unemployment benefits			
☐ Verification of pension/retirement roll-over			
☐ Verification of loss of child support			
Statement explaining why professional judgment is being requested. This statement should	l be as detailed as possible		
and clearly state the reason why a professional judgment is being requested.  Other:			
Other:			
Other:			
Γhis form was issued to the student by:	on		
Name of Issuing Staff Member	Date Issued		

(White) 25-26 PJ DOC 2/2025