

**2016-2017 PJ  
Professional Judgment  
Request Form**



Student's Name: \_\_\_\_\_

Student ID#: A \_\_\_\_\_

Address: \_\_\_\_\_

**Instructions:**

*In order to request a Professional Judgment, you or your family must have experienced a reduction in income due to a special circumstance. You or your family's current income must be substantially less than the prior year's income in order for a re-evaluation of your eligibility for Federal Student Financial Aid programs. Please note that quitting or reducing work hours to attend school is not considered a special circumstance meriting a Professional Judgment.*

*Please complete this form in its entirety and submit it to the Financial Aid Office along with 2015 tax transcripts (including all 2015 W-2s and/or 1099s) if they have not already been submitted.*

**Section I: Special Circumstance(s)**

Listed below are special circumstances that can be considered. Please indicate the situation(s) that applies by checking the appropriate box(es).

Special Circumstance	Required Documentation	✓
Loss of Employment / Decrease in wages or salary	Third-party documentation, Personal statement of income loss, (ex. Letter from unemployment agency and/or previous employer), Copy of last paystub, Final date of employment, Documentation of current income	
Exceptions to Normal Income (ex. Lottery winnings, inheritance)	Signed / dated letter along with W2 or 1099 (documentation of income), Letter from an attorney or accountant if applicable.	
Deceased Parent or Spouse	Death certificate	
Unusual Medical Expenses Not Covered By Insurance (does not include insurance premiums)	Provide an itemized list of all expenses not covered by insurance that you have personally paid; attach copies of all receipts or payments.	
Other	Signed / dated letter corroborating the special circumstance	

**Section II: Income Reduction** (*Income that will be less in 2016 than in 2015*)

1. Individual who has income reduction

\_\_\_\_\_ Student      \_\_\_\_\_ Mother      \_\_\_\_\_ Father      \_\_\_\_\_ Spouse

2. Effective date of income reductions: \_\_\_\_\_

