2016-2017 PJ Professional Judgment Request Form



Student's Name:	Student ID#: A		
Address:			
Instructions:			
special circumstance. You or your fami order for a re-evaluation of your eligibi	ment, you or your family must have experienced a reduction in income dually's current income must be substantially less than the prior year's incom lity for Federal Student Financial Aid programs. Please note that quitting not considered a special circumstance meriting a Professional Judgment.	ne in <u>g or</u>	
-	and submit it to the Financial Aid Office along with 2015 tax transcripts 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)			
Individual who has income reduction			
StudentMother	FatherSpouse		

Effective date of income reductions:

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Section III: Explanation of Income Reduction and/or Expenses (All must complete this section)

Please explain in detail the reason(s) for your request for special extenuating circumstance, or additional expenses. Explain how Provide an additional sheet if necessary.	·
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Section IV: Certification	
I hereby certify that all the information contained in my re I have not knowingly or intentionally provided any false so that if I am found to have knowingly or intentionally giver this appeal will be denied and my federal aid eligibility wi	tatements or fraudulent documentation. I understand a false or fraudulent statements and/or documentation
Student's Signature:	Date:
Parent's / Spouse's Signature:	
Please submit this form with all appropriate documentation. Incomplete re	equests will not be considered. Allow 10 business days for processing.