

PROFESSIONAL JUDGEMENT REQUEST 2023-2024

This form is used to request a reconsideration of your 2023-2024 financial aid award. Please read the circumstances below and submit this form only if you have experienced one of these named circumstances. Please include supporting documentation for review. Your application for reconsideration will be considered incomplete without all of the requested information. Please be sure to include your name and CF ID number on all supporting documentation. Return this completed and signed form along with supporting documentation to the Office of Financial Aid.

CF ID No.:			Telephone No.:		
				Include Area Code	
Student Name:					
•	Last	First	N	Middle (complete)	Jr., etc.

Eligibility for financial aid is determined by the Free Application for Federal Student Aid (FAFSA), which currently uses financial information from two years prior to estimate a household's current circumstances. The Office of Financial Aid recognizes that households can experience changes in income or other finances that are not reflected in their information from two years prior.

When these situations occur, it is possible to re-evaluate a student's aid eligibility based on current circumstances through the Professional Judgment process. All Professional Judgment applications are required to have a detailed letter of explanation and supporting documentation. If you have been selected for Federal Verification, a Professional Judgment cannot be processed for changes until verification is complete.

There must be a significant change to the household finances to be considered for a Professional Judgment.

Non-applicable circumstances are:

- Standard living expenses (utilities, car payments, etc.)
- Mortgage payments
- Credit card/other personal debts

- Filing for bankruptcy
- Vacation expenses
- · All other discretionary expenses

TYPES OF PROFESSIONAL JUDGEMENT (EFC and COA)

Change to Expected Family Contribution (EFC)

• Loss or change of employment

Note: A change in student's aid eligibility will likely not occur if:

- The person who lost employment has currently been rehired and is earning a similar or higher salary than two years prior
- The loss or change to income was not significant
- Child Support reduction or change
- Divorce/Separation of parents/spouse
- Change of marital status for dependent students
- Death of parent(s) or spouse
- Excessive out of pocket medical and/or dental expenses that exceed 11% of household's Adjusted Gross Income
- One-time taxable income (IRA disbursement, pension distribution, etc.)

A change to the EFC could, but is not guaranteed to, result in a change of eligibility for need-based awards.

Change to Cost of Attendance (COA)

Out-of-pocket costs for the following:

- · Costs associated with a student's disability
- Childcare expenses for a dependent child of the student
- One-time purchase of a computer for educational use
- One-time costs of professional licensure required for student's major

A change to the COA does not result in a change for eligibility for need-based awards, only increases the room in a student's budget for aid including PLUS and private loans.

College of Central Florida does not discriminate against any person on the basis of race, color, ethnicity, religion, gender, pregnancy, age, marital status, national origin, genetic information, sexual orientation, gender identity, veteran status or disability status in its programs, activities and employment. For inquiries regarding nondiscrimination policies contact Dr. Mary Ann Begley, Director of Diversity and Inclusion – Title IX Coordinator, Ocala Campus, Building 3, Room 117H, 3001 S.W. College Road, 352-291-4410, or Equity@cf.edu. SA-FA21KPR JI 352-873-5801 Revised 10/27/2022 www.CF.edu Page 1 of 3

CF ID No.:	Telephone No.:				
	Include Area Code				
Student Name: Last	First	Middle (complete)	Jr., etc.		
	OLLI CIDOLDICTINICO				
REASONS FOR REVIEW OF FINAN	CIAL CIRCUMSTANCES (C	check only the box that applies)			
 A. Loss or change of employment of Signed detailed statement describing sources of income Copy of applicable tax return transce Employer letter on letterhead reflect Proof of unemployment benefits, if Most recent paystubs showing year- 	changes that resulted in loss or ripts and/or W-2s, if applicable ing last date of employment or applicable		s and all		
 B. Change in student marital status A signed detailed written statement Copy of student's marriage certificat Signed copies of student's and spous 	describing the change in circum te or divorce agreement, whiche	ver is applicable			
 C. Death of Parent or Spouse A signed detailed written statement of Copy of a death certificate of the decention of the final paycheck Documentation of any death benefit payouts, etc.) 	ceased individual		ty, pension		
 D. Excessive Medical or Dental Exp A signed detailed written statement of Copy of Schedule A from 2021, 202 Attach bills/receipts and an itemized 	describing expenses <u>paid out of</u> 2 or 2023 federal tax return, if a	applicable			
 E. Disability A signed detailed written statement of Documentation of disability diagnoses Documentation of costs <u>paid by yo</u> (e.g., personal assistance, transporta 	sis u and not reimbursed by any		ability		
 F. Reduction in Child Support or Al A signed detailed written statement of Documentation of change in divorce Documentation of the total amount civil judgment, etc.) 	describing the changes in circur e agreement specifying alimony	and/or child support (if applicable)			
please provide receipts – Computer expenses that were p	unusual or unexpected expense ripts and/or W-2s, if applicable check the box and provide app y, secondary education, or dayc baid within the 2023-2024 award tying out of pocket without rein	es, include dates propriate documentation: are paid within the 2023-2024 award d year; please provide receipts abursements; include copy of sched			
 H. Other Reduction of Income Signed <u>detailed</u> statement describing Copy of applicable tax return transce Any supporting documentation that 	ripts and/or W-2s, if applicable				
 I. One-time Increase in Income Signed detailed statement describing Copy of applicable tax return transcr Any supporting documentation that 	unusual or unexpected income ripts and/or W-2s, if applicable	, include dates	vere used		

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along with proof (e.g., pension, IRA, capital gain)

CF ID No.:	Tele	Telephone No.:			
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Student Name:					
Last	First	Middle (complete)	Jr., etc.		
CERTIFICATION					
I/we certify that all the information provided situations provided for by federal regulation a the required documents, my (our) request will misleading statements is a violation of federal	and policy that has been appr l be automatically denied. I/v	copriately documented. If I/we have we understand that providing false or	not provided		
Student Signature		Date (MM/DD/YY)			
Signature of Parent 1 or 2 if Dependent		Date (MM/DD/YY)			
ADDITIONAL COMMENTS FROM ST	TUDENT APPLICANT				

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