



PROFESSIONAL JUDGEMENT REQUEST 2025-2026

This form is used to request a reconsideration of your 2025-2026 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 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 (SAI and COA)

Change to Student Aid Index (SAI)

- 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 independent students or parental 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 SAI 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.

CF ID No.: _____

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- ☐ **A. Loss or change of employment or income**
- Signed detailed statement describing changes that resulted in loss or reduction of income, **include dates and all sources of income**
 - Copy of applicable tax return transcripts and/or W-2s, if applicable
 - Employer letter on letterhead reflecting last date of employment or DD-214 (Member-4)
 - Proof of unemployment benefits, if applicable
 - Most recent paystubs showing year-to-date earnings, if applicable
- ☐ **B. Change in marital status after FAFSA filing**
- A signed detailed written statement describing the change in circumstances
 - If independent, a copy of student's marriage certificate or divorce agreement, whichever is applicable
 - If dependent, a copy of parent's marriage certificate or divorce agreement, whichever is applicable
 - Signed copies of student's and spouse's (if independent) or parent's (if dependent) most recent federal tax returns
- ☐ **C. Death of Parent or Spouse**
- A signed detailed written statement describing the change in circumstances
 - Copy of a death certificate of the deceased individual
 - Copy of the final paycheck
 - Documentation of any death benefits received (including but not limited to life insurance, Social Security, pension payouts, etc.)
- ☐ **D. Excessive Medical or Dental Expenses**
- A signed detailed written statement describing expenses paid out of pocket
 - Copy of Schedule A from 2023, 2024 or 2025 federal tax return, if applicable
 - Attach bills/receipts and an itemized list with a total of all medical and/or dental expenses
- ☐ **E. Disability**
- A signed detailed written statement describing expenses paid out of pocket
 - Documentation of disability diagnosis
 - Documentation of costs **paid by you and not reimbursed by anyone else** related to the student's disability (e.g., personal assistance, transportation, equipment, or supplies)
- ☐ **F. Reduction in Child Support or Alimony**
- A signed detailed written statement describing the changes in circumstances
 - Documentation of change in divorce agreement specifying alimony and/or child support (if applicable)
 - Documentation of the total amount of alimony and child support for each child (canceled checks, written agreement, civil judgment, etc.)
- ☐ **G. Unusual or unexpected expenses not covered by someone else**
- Signed detailed statement describing unusual or unexpected expenses, **include dates**
 - Copy of applicable tax return transcripts and/or W-2s, if applicable
 - If one of the following apply, please check the box and provide appropriate documentation:
 - Tuition expenses for elementary, secondary education, or daycare paid within the 2025-2026 award year; please provide receipts
 - Computer expenses that were paid within the 2025-2026 award year; please provide receipts
 - Parent attending college and paying out of pocket without reimbursements; include copy of schedule and tuition receipt, certified enrollment from Registrar's Office at the parent's institution
- ☐ **H. Other Reduction of Income**
- Signed detailed statement describing unusual or unexpected expenses, **include dates**
 - Copy of applicable tax return transcripts and/or W-2s, if applicable
 - Any supporting documentation that pertains to your income reduction
- ☐ **I. One-time Increase in Income**
- Signed detailed statement describing unusual or unexpected income, **include dates**
 - Copy of applicable tax return transcripts and/or W-2s, if applicable
 - Any supporting documentation that pertains to your income increase; please explain how these funds were used along with proof (e.g., pension, IRA, capital gain)

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CERTIFICATION

I/we certify that all the information provided is correct. I/we understand that adjustments can be approved only in situations provided for by federal regulation and policy that has been appropriately documented. If I/we have not provided the required documents, my (our) request will be automatically denied. I/we understand that providing false or deliberately misleading statements is a violation of federal law and may result in a prison sentence, fines, or both.

Student Signature

Date (MM/DD/YY)

Signature of Parent 1 or 2 if Dependent

Date (MM/DD/YY)

ADDITIONAL COMMENTS FROM STUDENT APPLICANT