

2017-2018 Request for Professional Judgment

If you have extenuating circumstances which you believe warrant a re-evaluation of your eligibility for financial aid, you must complete this form. **INCOMPLETE REQUESTS WILL BE RETURNED. Additional documentation may be required. A Professional Judgment request can take up to 30 business days to process.**

A. STUDENT INFORMATION

Name (Print) _____ Panther ID _____

Address _____ City _____ State _____

Zip Code _____ Phone # _____ E-mail _____

B. REQUIRED DOCUMENTATION

NOTE: If you are a dependent student, provide documentation for both you and your parent(s). If you are married, provide documentation for both you and your spouse.

If you, your parent, or spouse did not file a 2015 and/or 2016 tax form, please submit a signed statement explaining the reason a tax form was not filed and list all sources of income and amounts earned in 2015 and/or 2016.

The following documents are required for ALL Professional Judgment Requests:

Dependent Student:

- Signed statement explaining reason for request
- 2015 and 2016 SIGNED student taxes and W-2's
- 2015 and 2016 SIGNED parent taxes and W-2's

Independent Students:

- Signed statement explaining reason for request
- 2015 and 2016 SIGNED student taxes and W-2'
- 2015 and 2016 SIGNED spouse's taxes and W-2's (if married)

C. CHECK ALL THAT APPLY

_____ **A. Involuntary loss of employment or significant reduction of income/pay:**

(Check all that apply)

- Student Spouse Mother/Step-mother Father/Step-father

___ Official statement of unemployment compensation listing amount of benefits received/to be received in 2016. (Wage Transcript and Determination).

___ Letter of termination and/or last two paycheck stubs

_____ **B. Reduction or loss of untaxed income or benefits:** (e.g. unemployment compensation, social security, AFDC, etc.)

(Check all that apply)

- Student Spouse Mother/Step-mother Father/Step-father

Additional required documentation:

___ Official statement from agency (SSI, unemployment, etc) reflecting reduction/cancellation and benefits paid to date

_____ C. **Divorce:**
[] Student [] Parents

Additional required documentation:

___ Divorce decree

___ If parents are divorced, please provide notice of which parent you will be residing with and attach proof of claim (i.e., telephone bill, driver license for you and parent)

_____ D. **Death of:**
(Check all that apply)
[] Spouse [] Mother/Step-mother [] Father/Step-father

Additional required documentation:

___ Copy of death certificate(s)

_____ E. **Extraordinary medical expenses NOT COVERED BY INSURANCE:** (Extraordinary medical expenses must be in excess of 11% of adjusted gross income and not claimed as a deduction on income taxes). **Only medical expenses PAID out of pocket are eligible for consideration.**

(Check all that apply)

[] Student [] Spouse [] Mother/Step-mother [] Father/Step-father

Additional required documentation:

___ Schedule A

___ Medical/dental receipts of payment, cancelled checks or payroll check stubs of health insurance premiums paid in 2016 and/or 2017

_____ F. **Other**

If none of the above-listed conditions provided apply to your situation, please provide a written, signed statement explaining your extenuating circumstances for 2016 and/or 2017. You must submit supporting documentation to verify the condition and verification of all income for the 2016 and 2017 calendar year. Not all requests will qualify for an adjustment.

D. HOUSEHOLD INFORMATION

Please list all the people in your household, including:

- Yourself, your spouse (if married), and your parents (if Dependent student)
- Other people living with you for which you provide more than half of their support and will continue to provide more than half of their support from July 1, 2017 through June 30, 2018 (Independent students only)
- Other people living with your parents for which they provide more than half of their support and will continue to provide more than half of their support from July 1, 2017 through June 30, 2018 (Dependent students only)

Write in the name of all household members below and write in the school name for those who will be attending college at least half time between July 1, 2017 and June 30, 2018. If you need additional space, attach a separate page.

Full name of Family Member	Age	Relationship to student	Attending college at least half-time between July 1, 2017 and June 30, 2018
		You, the student	School: Florida International University
			School:
			School:
			School:

E. SIGNATURES

All of the information on this form is true to the best of my knowledge and I have attached the appropriate supporting documentation.

Student _____ Panther ID _____ Date _____

Spouse _____ S.S.# _____ Date _____

Mother/Step-mother _____ S.S.# _____ Date _____

Father/Step-father _____ S.S.# _____ Date _____

Please submit your Professional Judgment request form with all attached documentation via your student portal on my.fiu.edu using the "My Document Upload" link. You may also fax the documentation to our office.

**FIU Financial Aid Office
Website: onestop.fiu.edu
Phone: 305-348-7000
Fax: 305-348-2346**