



PROFESSIONAL JUDGMENT REQUEST FORM
Select

Student Information:

Last and First Name _____ Last 4 Digits of SSN _____

Postal Address _____

Phone Number _____ Email _____

Please fully read before completing.

The eligibility to receive financial aid funds is calculated based on the information provided in the Free Application for Federal Student Aid (FAFSA). The formula established by the United States Congress assumes that the income of _____, assets, and household size are excellent indicators of the family's financial capacity for the Select _____ year. This does not take into consideration recent changes in your financial or household situation.

Professional Judgment is the process through which the Financial Aid Office performs on a case by case basis re-evaluation of the student's eligibility. Using more up-to-date information that accurately reflects the current financial situation of the student and their family. **This must be properly documented.** These circumstances may include loss of income, change in household size, loss of assets, unusual expenses, etc.

The following information provides the details of the process used to determine the student's eligibility by means of Professional Judgment. The Financial Aid Director or authorized personnel will evaluate the request and the documents provided by the student and based on his/her professional judgment, he/she will accept or deny the request. The student will receive a written notification of the determination.

Note: Professional Judgment will be requested and evaluated each award year and may require additional information to support the status. Before evaluating this request, the student, in conjunction with the Financial Aid Office, will need to complete the verification process and resolve any situation related to your FAFSA (as applicable).

Required Documents:

- I. **Professional Judgment Request Form Select** – Properly completed and signed.
- II. **A certification explaining the reasons for the request** – This certification must provide all possible details that best describe the situation.
- III. **Evidence for special circumstances** – It must include the required information and documents to support the situation according to the circumstances of the request. See reference in required documents and attach them to this request.

IV. Complete the information of the person to whom the special circumstance applies to:

Last and First Name _____ Last 4 Digits of SSN _____

Postal Address _____

Phone Number _____ Email _____

Relationship with student

- Student
- Spouse
- Father and Mother 1
- Father and Mother 2

Please state the reason for which you are requesting a re-evaluation of your eligibility for financial aid and submit as applicable.

1. Involuntary loss of employment

Indicate:

- a. Date in which you lost your job: _____
- b. Reason _____
- c. Do you receive unemployment benefits? Yes No

Required documents. Include:

- Employer certification stating the date of employment termination and earned income.
- Unemployment benefits certification (if applicable).

2. Income reduction

Indicate:

- a. Date of income reduction _____
- b. Reason _____
- c. Do you receive unemployment benefits? Yes No

Required documents. Include:

- Employer and/or agency certification stating the effective date and income reduction.
- Unemployment benefits certification (if applicable).

3. Divorce or separation

Indicate:

- a. Date of separation: _____
- b. Student Parents
- c. Current address of both parents/spouses:

Name and address (Parent/Spouse 1)

Name and address (Parent/Spouse 2)

- d. If the student is dependent, who will have legal custody?
 Father/Mother 1 Father/Mother 2

Required documents. Include:

- Copy of Divorce Decree

4. **Death of:** Spouse Father/Mother 1 Father/Mother 2

Required documents. Include:

Death Certificate

5. **Parents refuse to provide financial aid and to complete the FAFSA.**

Required documents. Include:

Parent's Certification

6. Other

Describe:

Required documents. Include:

Submit evidence that according with the description.

I certify that the information provided in this application form is true and correct. I understand that submitting false information to receive Federal Financial Aid is considered a federal crime and may be punished by fine, imprisonment or both. I understand that if my situation changes in any way, I must report it to the Financial Aid Office.

Student's signature _____ **Date** _____

Month/Day/Year

CERTIFICATION

(Person to whom the special condition applies)

Last and First Name _____ Last 4 Digits of SSN _____

Postal Address _____

Phone Number _____ Cellphone Number _____

Email _____

Describe the special condition:

I certify that all of the information reported is complete and correct.

Signature _____ **Date** _____
Month/Day/Year



Copy of this document must be kept in the student's file.