2024-2025 PROFESSIONAL JUDGMENT FORM

Finger Lakes Health College of Nursing & Health Sciences

Marion S. Whelan School of Practical Nursing

Student Name: _____ **Student ID:** _____

Indicate the reason for requesting professional judgment consideration. You must document the reason for your appeal and submit non-returnable copies of your documentation to the Financial Aid Office. Requests submitted without documentation will not be considered.

The FAFSA Simplification Act helped to distinguishes between different categories of professional judgments:

- Special Circumstances refer to the financial situations (loss of a job, etc.) that justify an aid administrator adjusting data elements in the COA or in the SAI calculation.
- Unusual Circumstances refer to the conditions that justify an aid administrator making an adjustment to a student's dependency status based on a unique situation (e.g., human trafficking, refugee or asylee status, parental abandonment, incarceration), more commonly referred to as a dependency override.

Please complete, sign, and submit this form with a letter of explanation and the required documentation to the Financial Aid Office. See Required Documentation Below:

Please allow 1-2 weeks for our response. Please note that all decisions are final. All students submitting a Professional Judgment request must complete the FAFSA, and verification process (if selected) by submitting all required verification papers along with copies of 2022 Federal tax return and W-2 information. Additional documentation may be requested.

Due to Special Circumstances – *please check the reason for your request below*

✓	Reason for Request	Required Documentation
	Loss /Reduction in Employment	• **A letter from the former employer on company letterhead detailing the employee's termination/separation date.** • **Notice of severance/pay-out.** • **Notice of unemployment benefits.** • **A copy of the employee's year-to-date pay stub.** • **A copy of the last completed whole calendar year for tax forms and W-2's from January through December.**
	Loss/Reduction of Income or Benefits (Such as Social Security benefits, Unemployment benefits, Child support, etc.)	• **A copy of a letter from the appropriate state of federal agency that specifies the termination date and the amount of benefits received.** • **Benefits schedule.**
	Divorce or Legal Separation	• **A copy of the divorce decree or separation agreement (preferably from a lawyer.)** • **Documentation indicating that the divorce or separated parties have been living separately and have incurred their own living expenses (i.e., utility bills, lease, etc.)** • **A copy of the last completed whole calendar year for tax forms and W-2's from January through December.**
	Death of Parents(s) or Spouse	• **A copy of the death certificate or obituary** • **A copy of the last completed whole calendar year for tax forms and W-2's from January through December.**

Student Name: _____ **Student ID:** _____

	Unusual Medical/Dental Expenses	• **A copy of Schedule A from your 2021, 2022, 2023 income tax return.** • **Copies of canceled checks for out-of-pocket expenses and/or receipts of payments.** • **A copy of your FSA (Flexible Spending Account) or HAS account showing payments and/or a copy of your account listing payments and dates.**
	Cost of Attendance Cost of Attendance adjustments are done for students who have educational costs that exceed the standard Cost of Attendance (COA). A change to the COA does not necessarily result in a change in financial aid eligibility. An increased COA can provide additional eligibility in a student's educational budget for private aid. In some instances, a student may have increased eligibility for need-based and/or non-need-based awards. Examples of types and documentation to provide are listed in the next column.	• **Disability** Documentation of disability diagnosis, costs related to students' disability (ex: personal assistance, transportation, equipment, or supplies). • **Childcare Expenses** Proof of dependent care expenses paid for the current academic year and what changed. • **Unusual Medical and Dental Expenses not Covered by Insurance** Excessive medical and dental expenses: Submit proof of actual medical and dental payments made in the prior year and the current year that were not reimbursed by insurance. Copy of Schedule A (tax form) • **Computer Purchase** Proof of cost of compeer required for educational purposes or proof of purchase. (This is a one-time adjustment). • **Other Extenuating Circumstances** Complete the summary below explaining your special circumstances. Submit as much documentation as possible to support your reason for requesting consideration.
	Other	• **A written explanation of the situation.** • **Any relevant documentation.**

Please write below a summary of your Special Circumstances. Please indicate the date of change, who was and has been affected. Please use the back of the page if you need more room.

Occasionally, Due to an Unusual Circumstance which results in family estrangement, an otherwise dependent student may not be required to submit parental information on their FAFSA. Please select from the list below the reason(s) you are unable to provide parental data and/or signature on your FAFSA:

Student Name: _____ **Student ID:** _____

- ☐ You left home due to an abusive or threatening environment.
- ☐ You were abandoned by or estranged from your parents and have not been adopted
- ☐ You have refugee or asylee status and are separated from your parents, or your parents are displaced in a foreign country
- ☐ You are a victim of human trafficking
- ☐ Your parents are incarcerated, and contact with them would pose a risk to you
- ☐ You are otherwise **UNABLE** to contact or locate your parents, and have not been adopted

✓	Reason for Request	Required Documentation
	Dependency status override	• **Submit a detailed letter explaining your relationship with your parent(s)** • **Submit a copy of all documents that support the claims in your letter** • **Include two (2) signed additional letters of support from NON-relative third parties that knows the situation. such as a teacher, counselor, cleric, or court that can confirm the statements in your letter of explanation.** • *The letters of support should also include how they know you, how long they have known you, and contact information.*

IMPORTANT: If your parents are ***unwilling*** to provide their information on your FAFSA **or** to support you financially, but you do NOT have an unusual circumstance, then you may apply to receive a ***Direct Unsubsidized Loan Only.*** Please contact your financial aid office if this applies to you.

Statement of Unusual Circumstance: If you have checked any of the boxes pertaining to an Unusual Circumstance above, please write a statement below describing your circumstance. Statement must be written **clear** and **legibly** (you may attach a typewritten statement instead). ***Your statement must also include how long circumstances began, and how you (or others) have provided for and/or sustained you financially***:

CERTIFICATION: I certify that the information provided in this petition is true and complete to the best of my knowledge.

Student's Signature: _____ **Date:** _____
(Required)

Parent's Signature: _____ **Date:** _____
(Required for Dependent Students)

Student Name: _____ **Student ID:** _____

Spouse's Signature: _____ **Date:** _____
(Optional for Independent Student)

Once your completed request is submitted along with all required documents, a financial aid advisor will review your request and notify you of the result.

Please note that submitting this form does not guarantee that your request will be approved, or that you will be eligible for additional aid. In many cases professional judgment adjustments made to the FAFSA do not result in significant changes to the SAI (Student Aid Index) and, therefore, do not change a student's financial aid package.

OFFICE USE ONLY: □ APPROVED □ DENIED

Reviewed by _____ **Date:** _____

Reason: