Professional Judgment
Request to Re-evaluate Financial Aid Eligibility
2010-2011

You may complete this form if you, your spouse’s, or your parents’ (for dependent students) financial, marital, or family situation has been altered significantly from the information you were required to provide on the 2010-2011 FAFSA (based on 2009 income and assets).

Information from this form, supporting documentation you provide, and information our office retrieves from your financial aid file will be reviewed to determine if we can assist you.

Section I. To be completed by student (please print): |

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<tr>
<th>Student Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
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<table>
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<tr>
<th>Telephone Number</th>
<th>Email Address</th>
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If a dependent student:

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<tr>
<th>Parent Contact Name</th>
<th>Parent Phone Number</th>
<th>Parent Email Address</th>
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*Please note this form does not guarantee that your request will be approved, or that you will qualify for additional aid. Whether you receive additional financial aid will depend on your new eligibility status and the availability of funds.*
Check the appropriate reason for your request below.

_________ 1.) A CHANGE IN THE FAMILY SITUATION HAS OCCURRED DUE TO THE DEATH OF A SPOUSE OR PARENT.
Please provide a copy of the spouse’s or parent’s death certificate.

_________ 2.) THERE ARE LOSSES OF INCOME OR BENEFITS.
Please indicate if you, your spouse, or your parents (for dependent students) expect to earn less in 2010 than 2009, OR if benefits have been reduced or suspended.

___ A. Loss of income from work: There must be at least 3 months of lost income.
Attach documentation from your employer stating effective date (separation from work or pay change) and confirming the amount of reduced wages if applicable.
Note that we cannot use any documentation that reflects future events (e.g. anticipated date of resignation from job) – the event must have already happened.

Was a severance package provided? Yes or No
(If so, provide severance agreement.)
Is unemployment being received? Yes or No
(If so, attach statement of benefits.)
Is disability being received? Yes or No
(If so, attach documentation of benefits.)

Please be aware that unless the income loss is permanent in nature (e.g. retirement, or quitting work to return to school full-time), we cannot process a request of this type before June 2010 (at the earliest). In most cases, it is premature to project 2010-11 income before the academic year even begins, especially when the financial situation could change (for example, by securing a new job).

___ B. Loss of benefits (such as Social Security, Veterans’ Benefits, retirement income, child support, or unemployment)
Provide notification of benefit termination or reduction, stating effective date and new monthly amounts if applicable.
Type of benefit affected: ______________________________________

_________ 3.) A CHANGE IN MARITAL STATUS HAS OCCURRED SINCE AN INITIAL APPLICATION FOR FINANCIAL AID WAS PROCESSED.
(A student who married after the initial FAFSA was filed is not eligible for a professional judgment based on becoming married. This is a policy of the U.S. Dept. of Education.)
Please provide a copy of the Divorce Decree or documentation to verify that a separation has occurred. Dependent students must also provide confirmation of who will be their custodial parent during the academic year.
4.) EXTRAORDINARY MEDICAL/DENTAL EXPENSES HAVE BEEN PAID.
To make adjustments in this area, you must document whether you have out-of-pocket expenses beyond the set amount for medical care that is already figured into the federal EFC formula. Copies of unpaid bills cannot be used. Please provide:

a) A copy of the federal Schedule A (filed with the tax return) that reflects medical expenses paid during 2009, OR
b) A signed statement from your medical provider that details:
   • Original medical/dental expense, patient’s name, and date of service
   • Amount paid (or to be paid) by insurance—and any other amount to be adjusted off the balance due
   • Amount actually paid on this service by the individual
   • The name, address, and phone number of the medical/dental provider

Type of income reported (e.g. one-time early withdrawal from IRA Account):

Please provide explanation and documentation of these funds. Be aware that one-time funds that are not treated as recurring income will be counted as assets instead (for example, an increase to cash/savings/checking) in most cases. This is because the FAFSA formula assumes that part of these funds should be used for the student’s education. However, considering them as an asset for the year instead of recurring income often benefits the student when it comes to financial aid eligibility.

6.) THERE ARE OTHER UNUSUAL OR SPECIAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED.
If you do not meet one of the conditions above, provide a detailed explanation in your Personal Statement and attach documentation of how your financial status has been affected.

All relevant documentation must be attached to your request.
CHECKLIST

___ Completed form - signed
___ Copies of 2009 (and 2010 if/when available) federal income tax returns (e.g. completed 1040).
THESE ARE REQUIRED or we cannot process. Do not substitute state income tax forms.
Did you already provide these documents for the “verification” process? (If so, you do not have to submit them again.) _____ Yes _____ No
___ Copies of W2’s and/or other income documents such as benefits statements
Did you already provide these documents for the “verification” process? (If so, you do not have to submit them again.) _____ Yes _____ No
___ Personal Statement – Please attach a letter that explains your special circumstances. Also list ALL income currently received by your household. Be sure to include all relevant information and dates of events. Statements should be signed and dated.
___ Other documentation that supports request

CERTIFICATION STATEMENT
(Please read carefully before signing.)
By signing below, I affirm that all information contained in or attached to this request for a reevaluation of my financial aid eligibility (including any attached personal statements and/or other documentation) is true and correct to the best of my knowledge, and the information is complete.
I understand that if I am found to have knowingly or intentionally given false or fraudulent statements and/or documentation, this request will be denied and that any eligibility for federal and state student aid may be suspended or canceled.

_________________________________________________________
Student’s Signature                                            Date

_________________________________________________________
Parent or Spouse Signature                                            Date

Requests are processed as quickly as possible, but may take several weeks during peak periods (July through September).