



Special Circumstances/Professional Judgment

(Deadline: May 29, 2020)

Student Information

| | | | | |
|-----------|------------|-------|-------------|--------------|
| _____ | _____ | _____ | _____ | _____ |
| Last Name | First Name | MI | Telephone # | Student ID # |

Your financial aid eligibility for the 2019-2020 year is based on your 2017 Adjusted Gross Income (AGI). Under special circumstances, it is possible for the Financial Aid Office to base your eligibility for aid on your projected 2019 income or make adjustments using your 2018 income. If you feel there are extenuating circumstances that should be considered in reviewing your eligibility for financial aid, complete and return this form with all supporting documentation listed below to the Financial Aid Office. Your request may not be reviewed until after the start of the Fall Semester.

SECTION 1: Please explain in detail the circumstances that you feel warrant a review of your 2018 and 2019 income. If more space is needed, please attach a separate sheet to this form.

You must provide all documentation that applies to the change of income for you, your spouse, or your parents: 1) verification of your actual and projected 2019 income (i.e., 2018 tax return transcripts, if available); 2) employer’s statement of reduction of hours with relevant dates, or letter of separation if you have been laid off or terminated; 3) last three pay check stubs; 4) eligibility notice of benefit reduction/termination; 5) any unemployment or disability payments.

I certify that the information provided on the form is true and correct. I understand that this information will be used to determine my eligibility for financial aid and that false or misleading information may be cause for termination of my financial aid and repayment of funds received. I understand that I can only submit one special circumstance. If I have mitigating circumstances that might warrant a second special circumstance, it will require the review of the Director of Financial Aid for consideration of approval on a case by case basis.

| | |
|-------------------|-------|
| _____ | _____ |
| Student Signature | Date |

| | |
|------------------|-------|
| _____ | _____ |
| Parent Signature | Date |

FOR OFFICE USE ONLY

_____ Using professional judgment, request is approved. Recalculate with projected income.
 _____ Request is denied, income difference will not increase student’s financial need.
 _____ Request is postponed; pending _____ Date: _____

Comments: _____

Received by: _____ Date: _____

Special Circumstance Request Attachment 2019-2020

Please complete this form and attach supporting documentation confirming projected income, reduction in work hours, or termination date.

Last Name
First Name
MI
Student ID #

| Your Actual/Projected 2019 Income | | | Your Parent's/Spouse's Actual/Projected 2019 Income | | | |
|-----------------------------------|----------|------------------|---|---------------|----------|------------------|
| | | Source of Income | | Spouse/Father | Mother | Source of Income |
| January | \$ _____ | _____ | January | \$ _____ | \$ _____ | _____ |
| February | \$ _____ | _____ | February | \$ _____ | \$ _____ | _____ |
| March | \$ _____ | _____ | March | \$ _____ | \$ _____ | _____ |
| April | \$ _____ | _____ | April | \$ _____ | \$ _____ | _____ |
| May | \$ _____ | _____ | May | \$ _____ | \$ _____ | _____ |
| June | \$ _____ | _____ | June | \$ _____ | \$ _____ | _____ |
| July | \$ _____ | _____ | July | \$ _____ | \$ _____ | _____ |
| August | \$ _____ | _____ | August | \$ _____ | \$ _____ | _____ |
| September | \$ _____ | _____ | September | \$ _____ | \$ _____ | _____ |
| October | \$ _____ | _____ | October | \$ _____ | \$ _____ | _____ |
| November | \$ _____ | _____ | November | \$ _____ | \$ _____ | _____ |
| December | \$ _____ | _____ | December | \$ _____ | \$ _____ | _____ |
| Total | \$ _____ | _____ | Total | \$ _____ | \$ _____ | _____ |
| Comments: _____ | | | Comments: _____ | | | |
| _____ | | | _____ | | | |
| _____ | | | _____ | | | |
| _____ | | | _____ | | | |

Student Signature
Date
Parent Signature
Date