



2024-2025 PROFESSIONAL JUDGMENT FORM (Students with Special or Unusual Circumstances)

Luther Rice Financial Aid Office will evaluate appeals on a case-by-case basis. Submission of the appeal form does not guarantee a favorable change in your financial aid eligibility.

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.

Please complete, sign, and submit this form with a letter of explanation and the required documentation found in each description, to the Financial Aid Office.

Please allow 2-3 weeks for our response after all documentation has been received. Please note that all decisions are final. All Professional Judgment requests 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.

Reason for Request

Please check your reason below and submit documentation that supports your appeal request. See below for required documentation.

Dependency status override: Dependency Status: Submit a detailed letter explaining your relationship with your parent(s) and submit a copy of all documents that support the claims in your letter. Also include two (2) **signed** additional letters of support from NON-relative third parties that knows the student's situation... such as a teacher, counselor, medical authority, member of the clergy, prison administrator, government agency 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.

Loss of income or change in source of income (Check all that apply): **Parent** **Student** **Student's Spouse**
Loss or significant change in income: Parent/Student/Student's Spouse: Submit proof of prior-year income and current-year expected income. If there is a loss of income, submit proof of the reason for and date of income loss such as unemployment form. Include most recent paystub(s) and letter from employer(s).

Divorce or separation (Please Check One) **Parent** **Student:** Submit a copy of the divorce decree or a letter of separation from court or lawyer. Include the current year expected income of the student, if independent, and/or the custodial parent for dependent students.

Death of parent/spouse: Submit a copy of the death certificate and surviving parent's or student's expected current-year income.

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.

Dependent care expenses: If you have dependent childcare expenses because of your class schedule and study time, submit the number and age of dependents. Provide an invoice or a letter showing payments to the dependent/daycare center.



Disability-related expenses: Submit documentation of disability diagnosis. Submit documentation of costs related to the student's disability (e.g., Personal assistance, transportation, equipment, supplies, etc.). These costs cannot be provided by other agencies.

Other extenuating circumstances: Submit a letter explaining your special circumstances. Submit as much documentation as possible to support your reason for requesting consideration.

I certify that all the information provided, and the supporting documentation submitted is true and accurate.

Student's Signature: _____ Date: _____

Parent's Signature (if applicable): _____ Date: _____

FA OFFICE: APPROVED DENIED

REASON: _____
