

2024-2025 PROFESSIONAL JUDGMENT - INDEPENDENT

Student Name (please print)

Campus ID Number

Spouse's Name if applicable (please print)

Phone Number (including area code)

Who should submit this form?

Independent students who have unusual circumstances that exist that may warrant reconsideration of financial aid eligibility. These special circumstances may be either changes that have occurred in your family since you filed the Free Application for Federal Student Aid (FAFSA) or unusual family circumstances not accounted for on the FAFSA. **NOTE:** Filing this appeal does not guarantee additional financial aid.

When should this form be submitted?

Please submit all documentation relating to your special circumstance appeal at least 4 weeks prior to the end of term to ensure our office has enough time to review and process. All appeals must be completed prior to the end of the semester for aid eligibility purposes. **Incomplete forms or missing appeal documentation will be denied.**

What circumstances qualify for an independent special circumstances appeal?

The situations outlined on this form are circumstances that normally qualify a student to file a Special Circumstances Appeal. If your circumstance does NOT fit into one of the situations listed on this form, you may still file the Special Circumstances Appeal and attach a detailed letter explaining your situation. Provide documentation to support your circumstance and attach all required forms.

Who should not complete this form?

Do not complete this form if your family income for 2023 and/or 2024 will be more than 2022, if you have not filed the FAFSA, or if Student Aid Index (SAI) is zero or less; as indicated on the results of your FAFSA.

Please check the box(es) next to the situation(s) that apply to you.

<input type="checkbox"/> Loss of Income Reduction or loss of income from work must be for at least ten (10) weeks in 2023 or 2024.	<input type="checkbox"/> A detailed letter explaining your particular situation. <input type="checkbox"/> A copy of both your and your spouse's (if applicable) 2022 W-2 Forms. <input type="checkbox"/> A signed copy of your and your spouse's (if applicable) 2022 IRS Tax Return Form 1040 including any applicable Schedules: 1, 2, and 3, if DDX (Direct Date Exchange) wasn't utilized.	
	<table border="1"> <tr> <td> <input type="checkbox"/> Student Date of layoff/termination: _____ <input type="checkbox"/> A letter from employer verifying loss of employment including effective date. Did you receive unemployment benefits? <input type="checkbox"/> No <input type="checkbox"/> Yes *If yes, provide a <u>copy of unemployment determination letter</u> from state agency. Did you receive any severance pay? <input type="checkbox"/> No <input type="checkbox"/> Yes *If yes, how much? \$ _____ Have you started another job? <input type="checkbox"/> No <input type="checkbox"/> Yes *If yes, give start date: _____ and include <u>most recent pay statement</u> from new job. </td> <td> <input type="checkbox"/> Spouse Date of layoff/termination: _____ <input type="checkbox"/> A letter from employer verifying loss of employment including effective date. Did your spouse receive unemployment benefits? <input type="checkbox"/> No <input type="checkbox"/> Yes *If yes, provide a <u>copy of unemployment determination letter</u> from state agency. Did your spouse receive any severance pay? <input type="checkbox"/> No <input type="checkbox"/> Yes *If yes, how much? \$ _____ Has your spouse started another job? <input type="checkbox"/> No <input type="checkbox"/> Yes *If yes, give start date: _____ and include <u>most recent pay statement</u> from new job. </td> </tr> </table>	<input type="checkbox"/> Student Date of layoff/termination: _____ <input type="checkbox"/> A letter from employer verifying loss of employment including effective date. Did you receive unemployment benefits? <input type="checkbox"/> No <input type="checkbox"/> Yes *If yes, provide a <u>copy of unemployment determination letter</u> from state agency. Did you receive any severance pay? <input type="checkbox"/> No <input type="checkbox"/> Yes *If yes, how much? \$ _____ Have you started another job? <input type="checkbox"/> No <input type="checkbox"/> Yes *If yes, give start date: _____ and include <u>most recent pay statement</u> from new job.
<input type="checkbox"/> Student Date of layoff/termination: _____ <input type="checkbox"/> A letter from employer verifying loss of employment including effective date. Did you receive unemployment benefits? <input type="checkbox"/> No <input type="checkbox"/> Yes *If yes, provide a <u>copy of unemployment determination letter</u> from state agency. Did you receive any severance pay? <input type="checkbox"/> No <input type="checkbox"/> Yes *If yes, how much? \$ _____ Have you started another job? <input type="checkbox"/> No <input type="checkbox"/> Yes *If yes, give start date: _____ and include <u>most recent pay statement</u> from new job.	<input type="checkbox"/> Spouse Date of layoff/termination: _____ <input type="checkbox"/> A letter from employer verifying loss of employment including effective date. Did your spouse receive unemployment benefits? <input type="checkbox"/> No <input type="checkbox"/> Yes *If yes, provide a <u>copy of unemployment determination letter</u> from state agency. Did your spouse receive any severance pay? <input type="checkbox"/> No <input type="checkbox"/> Yes *If yes, how much? \$ _____ Has your spouse started another job? <input type="checkbox"/> No <input type="checkbox"/> Yes *If yes, give start date: _____ and include <u>most recent pay statement</u> from new job.	

Student Name (please print)

Campus ID Number

2024-2025 PROFESSIONAL JUDGMENT - INDEPENDENT (Continued)

Situation:

Required Documentation:

<input type="checkbox"/> Receipt of One-Time Income in 2022	<input type="checkbox"/> A detailed letter of appeal explaining your particular situation that includes information on what necessary expenses the funds were used for. <input type="checkbox"/> Documentation of the necessary expenses the funds were used for (e.g. receipts, billing statements, etc.). <input type="checkbox"/> A signed copy of your and your spouse's (if applicable) 2022 IRS Tax Return Form 1040 including any applicable Schedules: 1, 2, and 3 or your and your spouse's (if applicable) 2022 Form 1099, if DDX (Direct Data Exchange) wasn't utilized. <input type="checkbox"/> A signed copy of your and your spouse's (if applicable) 2023 IRS Tax Return Form 1040 including any applicable Schedules: 1, 2, and 3.
<input type="checkbox"/> Death of a Spouse in 2023 or 2024	<input type="checkbox"/> A detailed letter of appeal explaining your particular situation. <input type="checkbox"/> A copy of the death certificate or obituary. <input type="checkbox"/> A copy of your 2022 W-2 form(s). <input type="checkbox"/> A signed copy of your and your spouse's (if applicable) 2022 IRS Tax Return Form 1040 including any applicable Schedules: 1, 2, and 3, if DDX (Direct Data Exchange) wasn't utilized.
<input type="checkbox"/> Separation or Divorce in 2023 or 2024 Please note that separation must have occurred at least ten (10) weeks prior to the submission of this request and you must be residing in separate households.	Date of Separation/Divorce: _____ <input type="checkbox"/> A detailed letter of appeal explaining your particular situation. <input type="checkbox"/> A copy of your most recent pay statement. <input type="checkbox"/> A copy of your 2022 W-2 Form(s). <input type="checkbox"/> A copy of legal separation/divorce papers/ or proof of separate residence (driver's license, lease agreement, etc.). <input type="checkbox"/> Documentation of spousal support and/or child support, if any.

Certification and Signatures



SIGNATURE REQUIRED: I certify that the information provided on this form is true and complete to the best of my knowledge. I understand that I may be asked to submit additional documentation if necessary. I realize that if I do not fully prove my special circumstance, this form may be denied and that all decisions are final. I understand that approval of submitted special circumstances may not always result in additional funding. I certify that the Office of Scholarships and Financial Aid will be notified if circumstances change.

Student Signature (Handwritten Required **OR ELECTRONIC SIGNATURE USING GLOBAL ID**)

Date