2009/2010 Professional Judgment Form

Name of School: _____

Name of Student: _____

Social Security #: _____

Student Reason for Change: (please check all that apply)

[ ] Loss of employment - Student [ ] Spouse [ ]
[ ] Reduction in employment- Student [ ] Spouse [ ]
[ ] Separation or divorce after filing FAFSA (Circle)
[ ] Dislocated Worker - Student [ ] Spouse [ ]
[ ] Other _____

Effective Date of Change: _____

[ ] Loss of non-taxable income or benefits
[ ] Death in family after filing FAFSA
[ ] Elementary and secondary school costs
[ ] Medical or dental expenses, not covered by insurance

* Please explain your situation: _____

_____

The 12 month time period used for the new figure is: _____ **to** _____

STUDENT/SPOUSE'S DATA ELEMENT	**ORIGINAL FIGURE** YES OR NO	**NEW FIGURE** YES OR NO
Eligible to File 1040A or EZ		
Household Size	# _____	# _____
Adjusted Gross Income	$ _____	$ _____
U.S. Income Taxes Paid	$ _____	$ _____
Income Earned from Work - Student	$ _____	$ _____
Income Earned from Work - Spouse	$ _____	$ _____
Amount from #46 of FAFSA (Additional financial Info)	$ _____	$ _____
Amount from #47 of FAFSA (Untaxed Income)	$ _____	$ _____

Parents Reason for Change: (please check all that apply)

[ ] Loss of employment - Mother [ ] Father [ ]
[ ] Reduction in employment- Mother [ ] Father [ ]
[ ] Separation or divorce after filing FAFSA (Circle)
[ ] Dislocated Worker - Mother [ ] Father [ ]
[ ] Other _____

Effective Date of Change: _____

[ ] Loss of non-taxable income or benefits
[ ] Death in family after filing FAFSA
[ ] Elementary and secondary school costs
[ ] Medical or dental expenses, not covered by insurance

* Please explain your situation: _____

_____

The 12 month time period used for the new figure is: _____ **to** _____

PARENT'S DATA ELEMENT	**ORIGINAL FIGURE** YES OR NO	**NEW FIGURE** YES OR NO
Eligible to File 1040A or EZ		
Household Size	# _____	# _____
Number in College	# _____	# _____
Adjusted Gross Income	$ _____	$ _____
U.S. Income Taxes Paid	$ _____	$ _____
Income Earned from Work - Father	$ _____	$ _____
Income Earned from Work - Mother	$ _____	$ _____
Amount from #94 of FAFSA (Additional financial Info)	$ _____	$ _____
Amount from #95 of FAFSA (Untaxed Income)	$ _____	$ _____

I have interviewed this student and the above documentation substantiates my professional judgment to recalculate the EFC based on the above data element change(s).

_____ _____

Student's Signature Date

Parent's Signature Date
(only required if student is DEPENDENT)

_____

Financial Aid Advisor Date

* If more space is needed for explanation please use additional page.