

2010/2011 Professional Judgment Form

Name of School: _____

Name of Student: _____

Social Security #: _____

Student Reason for Change: (please check all that apply) Effective Date of Change: _____

- | | |
|--|---|
| <input type="checkbox"/> Loss of employment - Student <input type="checkbox"/> Spouse <input type="checkbox"/> | <input type="checkbox"/> Loss of non-taxable income or benefits |
| <input type="checkbox"/> Reduction in employment- Student <input type="checkbox"/> Spouse <input type="checkbox"/> | <input type="checkbox"/> Death in family after filing FAFSA |
| <input type="checkbox"/> Separation or divorce after filing FAFSA (Circle) | <input type="checkbox"/> Elementary and secondary school costs |
| <input type="checkbox"/> Dislocated Worker - Student <input type="checkbox"/> Spouse <input type="checkbox"/> | <input type="checkbox"/> Medical or dental expenses, not covered by insurance |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Other _____ |

* Please explain your situation: _____

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

STUDENT/SPOUSE'S DATA ELEMENT	ORIGINAL FIGURE			NEW FIGURE		
	YES	OR	NO	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	\$			\$		
Additional financial Info (Source) _____	\$			\$		
Additional financial Info (Source) _____	\$			\$		
Untaxed Income (Source) _____	\$			\$		
Untaxed Income (Source) _____	\$			\$		

Parents Reason for Change: (please check all that apply) Effective Date of Change: _____

- | | |
|---|---|
| <input type="checkbox"/> Loss of employment - Mother <input type="checkbox"/> Father <input type="checkbox"/> | <input type="checkbox"/> Loss of non-taxable income or benefits |
| <input type="checkbox"/> Reduction in employment- Mother <input type="checkbox"/> Father <input type="checkbox"/> | <input type="checkbox"/> Death in family after filing FAFSA |
| <input type="checkbox"/> Separation or divorce after filing FAFSA (Circle) | <input type="checkbox"/> Elementary and secondary school costs |
| <input type="checkbox"/> Dislocated Worker - Mother <input type="checkbox"/> Father <input type="checkbox"/> | <input type="checkbox"/> Medical or dental expenses, not covered by insurance |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Other _____ |

* Please explain your situation: _____

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

PARENT'S DATA ELEMENT	ORIGINAL FIGURE			NEW FIGURE		
	YES	OR	NO	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	\$			\$		
Additional financial Info (Source) _____	\$			\$		
Additional financial Info (Source) _____	\$			\$		
Untaxed Income (Source) _____	\$			\$		
Untaxed Income (Source) _____	\$			\$		

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.