

**Office of Financial Aid**  
2016-2017 Professional Judgment Appeal Form

The Higher Education Act of 1965 authorizes the Director of Financial Aid to use professional judgment, on a case-by-case basis for students with **“special circumstances”** that affect a family’s ability to pay for a college education that is not reflected in the information provided on the FAFSA. The Director of Financial Aid is expected and required to make reasonable decisions that support the intent of the provision. The decision of the Director of Financial Aid is **final**; there is no appeal process to the Department of Education. This form will be reviewed when the student’s financial aid file is complete.

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Student Type:    WOM         CAUS         GRAD         PHARM

- 1) **Write a detailed description** of your special circumstance(s) and submit with this form.
- 2) Select the box that best describes your situation. Supplemental paperwork listed is **required**.

Select a box	Reason for appeal	Required documentation
	A significant reduction in student/spouse income in 2016 compared to 2015 (at least 10 weeks of unemployment)	<input type="checkbox"/> <i>Estimated Income Form</i> <input type="checkbox"/> Copy of student’s 2015 IRS Tax Return transcript <input type="checkbox"/> 2015 W-2s
	A significant reduction in parents’ income in 2016 compared to 2015 (at least 10 weeks of unemployment)	<input type="checkbox"/> <i>Estimated Income Form</i> <input type="checkbox"/> Copy of parents’ 2015 IRS Tax Return transcript <input type="checkbox"/> 2015 W-2s
	Loss of One-time income (for example-early distribution from IRA account).	<input type="checkbox"/> Documentation of one-time income <input type="checkbox"/> Copy of parents’ 2015 IRS Tax Return transcript <input type="checkbox"/> 2015 W-2s
	Separation after the FAFSA was filed	<input type="checkbox"/> Proof of legal separation <input type="checkbox"/> Copy of 2015 IRS Tax Return transcript <input type="checkbox"/> 2015 W-2s

	Death of parent or spouse	<input type="checkbox"/> Copy of death certificate <input type="checkbox"/> Copy of 2015 IRS Tax Return transcript <input type="checkbox"/> 2015 W-2s
	High medical/dental expenses paid during 2015	<input type="checkbox"/> Copies of paid receipts for medical/dental expenses paid during 2015 <input type="checkbox"/> Copy of Schedule A
	Parent enrolled at least half-time in a degree seeking program during 2016-2017	<input type="checkbox"/> Proof of registration (including number of credits) <input type="checkbox"/> Proof parent is enrolled in a degree seeking program <input type="checkbox"/> Documentation of any cost reimbursement
	Other extenuating circumstances	<input type="checkbox"/> Submit any relevant and supporting documentation

*\*All supplemental forms are located online at <http://www.ndm.edu/admissions/financial-aid/forms-and-publications/2016-17-forms-and-publications/>. The Office of Financial Aid reserves the right to ask for more information.*

**Certification:** I certify that the information on my 2016-2017 FAFSA is accurate and that the information I submit in this appeal is true and complete to the best of my knowledge.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (for Dependent students)

\_\_\_\_\_  
Date