



Aid Year: _____

Request for Professional Judgement
Office of Student Financial Aid | Florida Atlantic University

Submit this form online via owlfiles.fau.edu
Need Help? Visit fau.edu/finaid/contact

Student Name _____ Z _____ Student Z Number _____ FAU Email Address _____

Address _____ Telephone _____

This request for **Professional Judgment** is an appeal that is available for students with special circumstances, such as significant changes in their income or household, which are not reflected on their current FAFSA.

YOU MUST SUBMIT THIS FORM ALONG WITH THE FOLLOWING:

1. A detailed **Student Statement of Circumstances** explaining the reason for your request.
(You may use the area on Page 2 of this form or attach a typed statement.)
2. **Most Recent Tax Year's Tax Return Transcripts** (or proof of non-filing from the IRS) for student and parents or spouse (if applicable). You may request a tax return transcript online at www.irs.gov, via phone at 1-800-908-9946, or via mail with IRS Form 4506-T. Non-Tax Filers must submit a Wage and Income Transcript (request at www.irs.gov) and a FAU Non-filing Statement.
3. Any additional **third-party documentation** (detailed below) that supports your statement, if possible.

DESCRIPTION OF CIRCUMSTANCES: (Check One)	THIRD-PARTY DOCUMENTATION:
1. <input type="checkbox"/> Loss or reduction of employment earnings	<ul style="list-style-type: none">• Unemployment benefits statement (indicating if benefits are being paid and cumulative benefit eligibility)• Employer statement on company letterhead (including whether separation was voluntary or involuntary)• Copy of the state unemployment compensation letter• Statement of any Federal Pandemic Unemployment Compensation benefits received• Statement of severance pay (if applicable)• Copy of paystubs from current employer (if applicable)
2. <input type="checkbox"/> Reduction or loss of untaxed income or benefits	<ul style="list-style-type: none">• If benefit is terminated, provide documentation of monthly benefit amount and date of benefit termination• If benefits are reduced, provide documentation of original amount, date of reduction and reduced amount
3. <input type="checkbox"/> Loss of a one-time income distribution	<ul style="list-style-type: none">• Copy of IRS forms 1099R and 8606• Statement of how the distribution was spent• Documentation showing type and amount of benefit
4. <input type="checkbox"/> Death of a parent (dependent student) or spouse (independent student)	<ul style="list-style-type: none">• Copy of death certificate or obituary• W2 form(s) for student and parent/spouse• Documentation of life insurance proceeds received

Student Name _____

FAU Z# _____

ASSETS: Please provide the following information based on the current value of the specified assets.

	Student (and spouse, if applicable)	Parent(s)***
As of today, the total current balance of cash, savings, and checking accounts?	\$ _____	\$ _____
As of today, the net worth of investments, including real estate? (excluding the value of your primary residence)	\$ _____	\$ _____
If you own a business or investment farm, what is its net worth as of today?	\$ _____	\$ _____

STUDENT STATEMENT OF CIRCUMSTANCES:

You may use this space or attach a typed statement explaining your reason for request.

ALL PARTIES MUST READ THIS STATEMENT AND SIGN BELOW:

I hereby certify that all information contained in this request for professional judgment is true and complete. I understand that this request will be denied and eligibility to receive any future financial aid will be jeopardized if I am found to have knowingly or intentionally provided or coerced others to provide false statements or documentation. I understand that by submitting a professional judgment I am only requesting for an adjustment to be considered, that I am not guaranteed approval nor am I guaranteed to receive additional funding. I understand that a decision regarding the adjustment is final and cannot be appealed to the Department of Education.

Student Signature _____ Date _____

Spouse Signature _____ Date _____

Parent 1 Signature _____ Date _____

Parent 2 Signature _____ Date _____