

Eligibility for financial aid is based on the prior tax year, which may not be indicative of the family's continuing ability to pay for the student's educational expenses. Therefore, Congress has delegated to the school's financial aid administrator the authority to compensate for special circumstances on a case-by-case basis with adequate documentation. Follow the steps below to complete the appeal process:

Student's name (Last, First, M.I.). PLEASE PRINT.

Student Identification Number (SID)

Student address (street number, city, state, zipcode) and daytime phone

Parent address (street number, city, state, zipcode) and daytime phone

❶ Write a detailed description of your special circumstance(s) and submit with this form.

❷ Check the box that best describes your situation and submit additional forms along with supporting documentation. (Examples of documents are provided, but are not limited to those listed.)

<i>Unusual circumstances affecting total income</i>	<i>Examples of supporting documentation</i>
<input type="checkbox"/> Decrease in student/spouse income since 2008 (also complete <i>Student Estimated Income Form</i>)	Year-to-date pay stubs, federal tax returns, termination notice from employer, Social Security termination of benefits letter, unemployment letter
<input type="checkbox"/> Decrease in parent income since 2008 (also complete <i>Parent Estimated Income Form</i>)	Year-to-date pay stubs, federal tax returns, termination notice from employer, Social Security termination of benefits letter, unemployment letter, proof of separation or divorce
<input type="checkbox"/> Unusual medical expenses paid or to be paid during 2008 (also complete <i>Medical Expenses Form 2008</i>)	Schedule A of 2008 tax return, Explanation of Benefit (EOB) statements, copy of payment plans, prescription receipts, insurance coverage statements
<input type="checkbox"/> Unusual medical expenses paid or to be paid during 2009 (also complete <i>Medical Expenses Form 2009</i> and <i>Parent Estimated Income Form</i>)	Explanation of Benefit (EOB) statements, copy of payment plans, prescription receipts, insurance coverage statements
<input type="checkbox"/> Parent in college during 2009-10	Billing statement, class schedule, financial aid award offer
<input type="checkbox"/> Other:	Any documentation that supports the situation

NOTE: All supplemental Professional Judgment Forms are located online at www.colorado.edu/finaid/forms.

❸ Financial aid administrators also have the authority to increase the **Cost of Attendance** (also known as student budget) to allow for unusual expenses the **student** will incur during the academic year (Fall/Spring terms). PLEASE NOTE: Budget increases typically only allow the student or parent to borrow more loans. From the following, check all that apply:

- Purchase of a computer:** Student budgets can be increased for the purchase of a computer during the period of enrollment or within a reasonable period of time prior to becoming enrolled. Up to \$2,500 can be added to the student's budget every three years for the costs of a computer, printer, software and/or other computer equipment. Attach receipts or estimates from vendor.

Amount of computer purchase: \$ _____

Apply increase to: Fall only Spring only Fall/Spring

Daycare expenses for dependents: Student budgets can be increased for daycare expenses incurred during the academic year. Attach copy of daycare contract or letter from daycare provider.

Name of Child	Age	Monthly daycare expenses

Books/Supplies: A total of \$1,749 is budgeted for book and supplies during the academic year. Student budgets can be increased for books and supplies over this amount. Submit receipts or a statement of estimated expenses for both fall and spring semester charges.

Other expenses: Student budgets can also be increased if there are other unusual education related expenses the student will incur during the academic year. Attach proof of expenses.

4 Certification: The information I submit in this appeal is true and complete to the best of my knowledge. I agree to provide documentation to support the appeal and I understand that a financial aid administrator may request additional documents if necessary. I understand that approval of this request does not guarantee my financial aid will be adjusted and that any financial assistance offered is limited by the availability of funds. **I understand that the information I provided in past appeals may be reviewed for accuracy and can impact the outcome of this appeal.**

Student signature Date

Parent signature (REQUIRED for Dependent Students) Date

5 Please mail or fax this form to:
University of Colorado at Boulder
Office of Financial Aid, ATTN: PJ
77 UCB
Boulder, CO 80309-0077
FAX: 303-492-0838, ATTN: PJ

IMPORTANT: Include student's name and SID on each page submitted.

DEADLINE to submit appeal:
Attending Fall only: **November 15**
Attending the 2009-10 academic year or Spring only: **April 1**

The University of Colorado at Boulder does not discriminate on the basis of race, color, national origin, sex, age, disability, creed, religion, sexual orientation, or veteran status in admission and access to, and treatment and employment in, its educational programs and activities. The university takes affirmative action to increase ethnic, cultural, and gender diversity; to employ qualified disabled individuals; and to provide equal opportunity to all students and employees.