

Professional Judgment Appeal - Dependent

2022-2023 (Fall 2022, Spring 2023 Summer 2023)



Office of Financial Aid
UNIVERSITY OF COLORADO BOULDER

Name: _____
Student's Name (Last, First, M.I.)

ID: _____
Student Identification Number (SID)

Eligibility for financial aid is based on the 2020 tax year, which may not be indicative of the family's continuing ability to pay for the student's educational expenses. To remedy this, Congress has authorized the school's financial aid administrator to evaluate special circumstances on a case-by-case basis with adequate documentation. Complete this form to begin an appeal.

1. Select the option(s) that best describes your situation.

- ☐ Student 2022 annual income is lower than 2020 annual income

Examples may include job loss, death of spouse, student divorce/separation, loss of child support/alimony

a) Were you unemployed during calendar year 2022 and received unemployment benefits during this period?

- ☐ Yes (*must attach student unemployment benefits documentation*)

Write a detailed explanation about your change in income:

- ☐ No (*must complete [Student Estimated Income Form](#)*)

- ☐ Parent 2022 annual income is lower than 2020 annual income

Examples may include job loss, death of parent, separation/divorce, loss of child support/alimony

a) Were one of your parents unemployed during calendar year 2022 and received unemployment benefits during this period?

- ☐ Yes (*must attach parent unemployment benefits documentation and [Parent Estimated Income Form](#)*)

Write a detailed explanation about the change in parent income:

- ☐ No (*must complete [Parent Estimated Income Form](#)*)

FORM CONTINUED ON NEXT PAGE

Please submit your form by mail or online at www.colorado.edu/financialaid/forms/secure-document-upload
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☐ Unusual medical expenses paid during 2020 or 2022

a) In which year were these expenses paid?

☐ Paid in calendar year 2020 (*must complete [Medical Expenses Form](#)*)

☐ Paid or will be paid in calendar year 2022 (*must complete [Medical Expenses Form](#) and [Parent Estimated Income Form](#)*)

☐ Other: loss due to natural disaster not covered by insurance

Must include supporting documentation and detailed explanation of situation as a separate page

2. Certification: The information I submit in this appeal is true and complete to the best of my knowledge.

Student signature

Date

Parent signature (*required only if student is dependent*)

OR Signature of Student's Spouse

Date