Professional Judgment Appeal
Independent 2026-2027 *(Fall 2026, Spring 2027, Summer 2027)*

Office of Financial Aid
UNIVERSITY OF COLORADO **BOULDER**

Name: _____ **ID:** _____
Student's Name (Last, First, M.I.) Student Identification Number (SID)

Eligibility for financial aid is based on the 2024 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.

Select the option that best describes your situation:

☐ **Student/spouse 2026 annual income is lower than 2024 annual income**
If yes, complete Student Estimated Income form
Examples may include job loss, death of spouse, student divorce/separation, loss of child support/alimony

☐ **Unusual medical expenses paid during 2024 or 2026**
a) In which year were these expenses paid?

- ☐ Paid in calendar year 2024 (*must complete Medical Expenses form*)
- ☐ Paid or will be paid in calendar year 2026 (*must complete Medical Expenses form* ***and*** *Student Estimated Income form*)

☐ **Other**
Must include supporting documentation and detailed explanation of situation as a separate page
Example may include loss due to natural disaster not covered by insurance

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

_____ _____
Student signature Date
Electronic and typed signatures are not acceptable