

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

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

ID: _____
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 2026 annual income is lower than 2024 annual income**
If yes, complete the [Student Estimated Income Form](#)
Examples may include job loss, death of spouse, student divorce/separation, loss of child support/alimony

- Parent 2026 annual income is lower than 2024 annual income**
If yes, complete the [Parent Estimated Income Form](#)
Examples may include job loss, death of parent, separation/divorce, 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 [Parent Estimated Income Form](#)*)

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

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

Electronic and typed signatures are not acceptable.