

Professional Judgment Appeal Form

2018-2019 (Fall 2018, Spring 2019, Summer 2019)



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 2016 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. To begin an appeal, return this completed form, a personal statement, and any supporting documentation to our office.

1. **Check the box** that best describes your situation and submit additional forms along with supporting documentation.

- Unusual medical expenses paid during 2016
also complete [Medical Expenses Form](#)*
- Parent in college during 2018-2019 academic year
also submit *parent enrollment verification*
- Other

If your situation includes one of the following, please **wait until after March 1, 2018 to submit this form** in order to provide sufficient information for processing your appeal.

- Student/spouse 2018 annual income is lower than 2016 annual income
also complete [Student Estimated Income Form](#)*
- Parent 2018 annual income is lower than 2016 annual income
also complete [Parent Estimated Income Form](#)*
- Unusual medical expenses paid or to be paid during 2018
also complete [Medical Expenses Form](#) and [Parent Estimated Income Form](#)*

*All supplemental forms are located online at www.colorado.edu/financialaid/forms below Unusual Circumstances & Appeal Forms.

2. **Write a detailed personal statement** of your special circumstance(s) on a separate page and submit with this form.
Please note: *CU Boulder has a responsibility to provide a safe and nondiscriminatory environment. If your appeal references sexual misconduct or protected class discrimination or harassment, the Office of Financial Aid is obligated to report allegations of this nature to the Office of Institutional Equity and Compliance (OIEC) in addition to considering your appeal on these grounds. OIEC may contact you in this case, but you are not required to respond if you so choose.*

3. **Notification:** For all dependent students, notification of requests for additional information and documentation and, of the completion of review, will be sent to the parent email address listed on the 2018-2019 FAFSA. Please provide the following additional contact information:

Parent Name

Phone Number

Spouse Name

Phone Number

4. **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)

Date

OR Signature of Student's Spouse

Please submit your form by mail, fax or online at <https://ofa.colorado.edu/fileupload/>
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