



2020-2021

# COST OF ATTENDANCE REVIEW REQUEST

Central Alabama Community College

PROFJD



Student's Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

A Professional Judgement appeal may be submitted for consideration for Cost of Attendance increases for unusual expenses incurred for educational purposes. Adjustments in Cost of Attendance are generally limited to the following situations:

- costs associated with a student's disability
- child care expenses for a dependent child or student
- one-time purchase of a computer for educational expenses
- one-time costs of professional licenserure required for a student's major
- additional credit hour enrollment by semester
- residency/housing change
- health Insurance Fees
- other extenuating circumstance(s)

**Please complete, sign, and submit this form with a letter of explanation and the required documentation to the Financial Aid Office.**

**Please allow 1-2 weeks for our response.** Please note that all decisions are final. All Professional Judgment requests must complete the FAFSA, and verification process, if selected, by submitting all required verification papers along with copies of 2018 Federal tax return and W-2 information. Additional documentation may be requested.

### Reason for Request

Please check your reason below and submit documentation that supports your appeal request. See below for required documentation. Professional Judgment appeals are reviewed on a case-by-case basis, and require a letter of explanation and supporting documentation.

- \_\_\_\_\_ **Disability:** Documentation of disability diagnosis, costs related to student's disability (ex: personal assistance, transportation, equipment or supplies.)
- \_\_\_\_\_ **Child Care Expenses:** Proof of dependent care expenses paid for the current academic year and signed and dated statement of what changed.
- \_\_\_\_\_ **Unusual Medical and Dental Expenses not Covered by Insurance:** Excessive medical and dental expenses: Submit proof of actual medical and dental payments made in the prior year and the current year that were not reimbursed by insurance. Submit a signed copy of Schedule A from your tax form.)
- \_\_\_\_\_ **Computer Purchase:** Proof of cost of computer required for educational purposes or proof of purchase. This is a one-time adjustment during your enrollment at CACC and requires receipt of purchase.
- \_\_\_\_\_ **Additional Credit Hours Enrollment:** Proof of enrollment greater than 15 hours for the semester.
- \_\_\_\_\_ **Change in Housing Status from With Parent to Off Campus:** Proof of off campus rental/lease/purchase agreement with your name on the document and the address of the new residence.
- \_\_\_\_\_ **Other extenuating circumstances:** Submit a signed and dated letter explaining your special circumstances. Submit as much documentation as possible to support your reason for requesting consideration.

I confirm that the statement above and information provided is true and accurate to the best of my knowledge as of this date.

**WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.**

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Parent's Signature (if applicable) Date

**FA OFFICE:**  APPROVED  DENIED

FAA Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

REASON: \_\_\_\_\_