



2020-2021

PROFESSIONAL JUDGEMENT 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 based on your circumstances. Please indicate the reason for requesting a professional judgment consideration and submit supporting documentation (non-returnable copies) to the Financial Aid Office. Requests submitted without documentation will not be considered.

Please complete, sign, and submit this form with a letter of explanation and the required documentation to the Financial Aid Office. See Required Documentation Below:

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 signed copies of 2018 Federal tax return including schedule(s) 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.

_____ **Loss of income or change in source of income (Please check all that apply.):**

_____ **Parent(s)** _____ **Student** _____ **Student's Spouse**

Loss or significant change in income: Parent/Student/Student's Spouse: Submit proof of prior-year income and current-year expected income. If there is a loss of income, submit proof of reason for and date of income loss such as unemployment form. Include most recent paystub(s) and letter from employer(s).

_____ **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.

_____ **Death of parent/spouse:** Submit a copy of the death certificate of the parent/spouse and surviving parent's/spouse's expected current-year income.

_____ **Divorce or separation (Please check one.):** _____ **Parent** _____ **Student** Submit a copy of the divorce decree or a letter of separation from court or lawyer. Include the current-year expected income of the student, if independent, and/or the custodial parent for dependent students.

_____ **Other extenuating circumstances (Please check one):** _____ **Parent** _____ **Student** Submit a letter explaining your special circumstances. Submit as much documentation as possible to support your reason for requesting consideration.

I/We 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

Please return the completed form to:
Central Alabama Community College Financial Aid Office

Alexander City Campus: 1675 Cherokee Road, Alexander City, AL 35010 OR Childersburg Campus: 34091 US Highway 280, Childersburg, AL 35044

FA OFFICE: APPROVED DENIED

FAA Name: _____ Signature: _____ Date: _____

REASON: _____
