

# Professional Judgment Request Form

2016 - 2017

Office of Student Financial Aid  
P.O. Box 9031  
Virginia State University, VA 23806  
Fax: (804) 524-6818



Name of Student \_\_\_\_\_  
(PLEASE PRINT)

Contact #: \_\_\_\_\_ Email: \_\_\_\_\_

Student ID V # \_\_\_\_\_ SSN (Last 4 Digits) \_\_\_\_\_

**Deadline to submit: Fall 2016 semester (July 15<sup>th</sup>) or Spring 2017 semester (November 15<sup>th</sup>).**

Any request for reconsideration must be submitted in **writing in the form of a cover letter**. All documentation required must be attached. Incomplete information and telephone requests will not be accepted. Please **NOTE** the student/and or parent(s) have the primary responsibility for any financial obligation that may exist prior to the completion of the review process.

The Appeal Committee will consider Appeals for Professional Judgment only in the following cases, and only when the supporting documents listed below are submitted. Please check the case that applies to your situation.

**Loss /Reduction in Employment (Unemployment must be for at least ten weeks before an Appeal will be considered.)**

- A letter from the employer on company letterhead detailing the employee's termination/separation date, the reason for the separation, and amount of benefits they receive.
- A copy of the employee's year-to-date pay stub.
- A benefits letter from the employee's local Department of Labor.
- A copy of the current year tax forms and W-2's

**Loss /Reduction of Untaxed Income or Benefits**

- A copy of a letter from the appropriate state or federal agency that specifies the employee's termination date and the amount of benefits they received, such as Social Security benefits,, Worker Compensation, etc.
- A benefits schedule
- A copy of the court order that specifies the income or benefits termination date and the amount child support that will be received.

**Divorce or Separation**

- A copy of the divorce decree or separation agreement (preferably from a lawyer).
- Documentation indicating that the divorce or separated parties have been living separately and have incurred their own living expenses (i.e., utility bills, lease, etc.).
- A copy of the current tax forms and W-2 Forms

**Excessive Medical and Dental Expenses**

- A copy of the appropriate current tax year forms with Schedule A.
- Medical or dental expense documents that indicate the amount not covered by insurance.

**Death of Parent or Spouse**

- A copy of the death certificate or obituary
- A copy of the current tax forms and W-2 Forms

**Dependency Status Override**

- Student and Parent's verification of current and previous income tax information
  - Detailed letter explaining students family circumstances
  - A detailed letter from a third party source familiar with your family circumstances. The source must be a teacher, minister, lawyer, physician, counselor, social worker or other professional who is willing to verify your circumstances.
  - Each source should explain:
    - Why they believe you should be considered independent.
    - How they know you and length of time.
  - A copy of *ALL* living expenses such as utility bills (light, telephone, gas), house/apartment lease, vehicle insurance, etc.
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The Appeals Committee will *NOT* consider the following situations in a Professional Judgment:

- Tuition benefits paid by the parent or student for elementary or secondary private schooling
- Unusual expenses related to personal living (e.g. wedding expenses, credit card bills, home mortgage, school loan payments, car payments, and other miscellaneous consumer item expenses).
- On-time bonus incomes such as lottery winnings, pension payments, legal awards, etc.
- Bankruptcy
- Retirement
- Home equity, IRA, 403B, 401k loans
- A reduction in overtime pay (this will be reflected on the following year's aid application).

My signature below certifies that the information provided above is true. I agree to provide proof of the information, if requested. I understand that the penalty for proving false or misleading information is \$10,000 fine, a prison sentence, or both.

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

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***NOTE:** Your written request for reconsideration plus all relevant/applicable documentation should be identified with the student's full name and student Id number on each item and sent to the Office of Student Financial Aid, Virginia State University, P. O. Box 9031, Petersburg, Virginia 23806.*

**(PLEASE ADHERE TO THE DEADLINE DATES ON FIRST PAGE.)**

**\*YOU WILL BE NOTIFIED IN WRITING ABOUT THE COMMITTEE'S DECISION WITHIN 14 BUSINESS DAYS.**

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