

## 2011/2012 Professional Judgment Form

Name of School: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Student Reason for Change: (please check all that apply) Effective Date of Change: \_\_\_\_\_

- ☐ Loss of employment – Student ☐ Spouse ☐
- ☐ Reduction in employment – Student ☐ Spouse ☐
- ☐ Separation or divorce after filing FAFSA (Circle)
- ☐ Dislocated Worker - Student ☐ Spouse ☐
- ☐ Homeless

- ☐ Loss of non-taxable income or benefits
- ☐ Death in family after filing FAFSA
- ☐ Elementary and secondary school costs
- ☐ Medical or dental expenses not covered by insurance
- ☐ Other \_\_\_\_\_

\* Please explain your situation : \_\_\_\_\_

The 12 month time period used for the new figure is:  
STUDENT/SPOUSE'S DATA ELEMENT

	ORIGINAL FIGURE			to	NEW FIGURE		
	YES	OR	NO		YES	OR	NO
Eligible to File 1040A or EZ							
Household Size	#				#		
Adjusted Gross Income	\$				\$		
U.S. Income Taxes Paid	\$				\$		
Income Earned from Work – Student	\$				\$		
Income Earned from Work – Spouse	\$				\$		
Additional Financial Info (Source)_____	\$				\$		
Additional Financial Info (Source)_____	\$				\$		
Untaxed Income (Source)_____	\$				\$		
Untaxed Income (Source)_____	\$				\$		

Parents Reason for Change: (please check all that apply) Effective Date of Change: \_\_\_\_\_

- ☐ Loss of employment – Father ☐ Mother ☐
- ☐ Reduction in employment – Father ☐ Mother ☐
- ☐ Separation or divorce after filing FAFSA (Circle)
- ☐ Dislocated Worker - Father ☐ Mother ☐
- ☐ Homeless

- ☐ Loss of non-taxable income or benefits
- ☐ Death in family after filing FAFSA
- ☐ Elementary and secondary school costs
- ☐ Medical or dental expenses not covered by insurance
- ☐ Other \_\_\_\_\_

\* Please explain your situation : \_\_\_\_\_

The 12 month time period used for the new figure is:  
PARENT'S DATA ELEMENT

	ORIGINAL FIGURE			to	NEW FIGURE		
	YES	OR	NO		YES	OR	NO
Eligible to File 1040A or EZ							
Household Size	#				#		
Number in College	#				#		
Adjusted Gross Income	\$				\$		
U.S. Income Taxes Paid	\$				\$		
Income Earned from Work – Father	\$				\$		
Income Earned from Work – Mother	\$				\$		
Additional Financial Info (Source)_____	\$				\$		
Additional Financial Info (Source)_____	\$				\$		
Untaxed Income (Source)_____	\$				\$		
Untaxed Income (Source)_____	\$				\$		

I have interviewed this student and the above documentation substantiates my professional judgment to recalculate the EFC based on the above data element change(s).

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(only required if student is DEPENDENT)

Financial Aid Advisor \_\_\_\_\_ Date \_\_\_\_\_

\* If more space is needed for explanation please additional page.