

2016-2017 Professional Judgment Request

STUDENT NAME-PRINTED: _____

STUDENT M#: _____

All Professional Judgment requests must be submitted prior to October 16th, 2016 or March 17th, 2017 per the first term of attendance for the student.

Accurate and complete supporting documentation must be provided to the financial aid department before consideration and review. The list below reflects types of documentation that **may** be submitted to substantiate your request. Any additional documents that you believe reflect your family's current financial situation may also be included.

All documentation must be received within 30 days of the date of this form is submitted to the Financial Aid Department or your request will be administratively denied.

If additional information is required, the student will be contacted once reviewed.

All situations require the following documents:

- A typed, signed letter explaining the Circumstance
- Final pay stub noting the year-to-date earnings for all positions
- Signed Copy of 2015 Federal Tax Transcript, including W2s
 - Must submit the transcript for the student and spouse, if considered Independent and applicable
 - Must submit for parent/step parent, if considered Dependent and applicable

You may contact the IRS at 800-908-9946 or irs.gov to request the Federal Tax Return Transcript.

Note: Our office is unable to make adjustments that are due to overtime, fluctuations due to commission, or consumer debt payments

Please Select the Extenuating Circumstance as best pertains to your situation.

Loss of Income

- A termination and/or layoff letter from previous employer, on company letterhead, stating last date of employment
- Notice of Severance Pay
- Letter from Unemployment Office noting benefits received or to be received
 - ◆ Should state the beginning and ending dates of the benefit
 - ◆ Should state the maximum amount of the benefit remaining

Death of Parent(s), if dependent, or Spouse, if independent

- Copy of death Certificate
- Final pay stub noting the year-to-date earnings for all positions for the deceased

Disability of household member; parent, spouse, sibling, child

- Benefits letter from Social Security Administration noting dates and amounts of benefits
- Pertinent medical records and/or letter from attending physician stating disability

Marital Status Change: Marriage, Divorce, or Legal separation

- Copy of Marriage License or Divorce Decree from attorney stating date of divorce/separation, and settlement document
- Submit the Marital Separation Status Verification Form on Financial Aid Office website
 - **The separation or divorce must be finalized and Professional Judgment request submitted prior to October 16th or March 17th per the first term of attendance for the student.**

Loss of Other Benefits

- Submit documentation noting the amount of the benefit, monthly amount received, and date payments are to cease
 - Child Support, indicate the family member name whom the support was received
 - Social Security Benefits
 - Alimony
 - Disability
 - Workmen's Compensation
 - Other: _____

Medical/Dental Expenses

- Receipts from paid expenses during the 2015 calendar year that were not claimed on Tax Form Schedule A

Other _____

This document must be signed certifying the accuracy of the information provided. Any individual signing this form certifies that all information is complete and accurate. Warning: If any individual purposely gives false or misleading information on this form, he/she may be fined, sentenced to jail, or both.

Murray State University Financial Aid Office does not allow electronic signatures(s).

All documentation must be completed with original signatures prior to submission to our office, including via email, mail, or fax.

Student Signature _____ Date _____

Parent / Spouse Signature _____ Date _____