KANSAS WESLEYAN UNIVERSITY

Office of Financial Aid,
Pioneer Hall 190,
100 E. Claflin, Salina, KS 67401
Telephone: (785) 833-4315 ***FAX***: (785) 404-1485 ***E-mail***: finaid@kwu.edu

Professional Judgement Request Form

PJ

The Financial Aid Office may consider a student's unusual circumstances to adjust FAFSA data elements used to calculate the Student Aid Index (SAI) and/or change a student's dependency status, according to federal education laws and guidelines set by the U.S. Department of Education.

STUDENT NAME	**Student ID#**	**Soc. Sec. #**	**Birthdate**	**Phone Number**

I am completing a Professional Judgement for the term(s): Fall 20 _____ Spring 20_____ Summer 20 _____

SECTION 1 – REASON FOR PROFESSIONAL JUDGEMENT REQUEST

☐ Significant reduction/change in income ☐ Loss of employment ☐ One-time income excluded
☐ Change in marital status ☐ Medical/dental expenses (11%) ☐ Child/dependent care
☐ Cost-of-attendance adjustment ☐ Educational expenses ☐ Other special circumstance:

_____

_____

SECTION 2 – NUMBER OF HOUSEHOLD MEMBERS

Dependent Student: List your parents/stepparents/contributors, any siblings, and anyone else in your household that your family provides more than half their support between July 1st and June 30th of the current academic year. Do not include foster children. Attach a separate sheet if necessary.
Independent Student: List yourself, your spouse/contributor (if married), your children, your spouse's/contributor's children and anyone else in your household you will provide more than half of their support between July 1st and June 30th of the current academic year. Do NOT include foster children. Attach a separate sheet if necessary.

Full Name	Age	Relationship to Student	College attending (current year) / Enrolled at Least Half Time (Y/N)
		SELF	Kansas Wesleyan University

SECTION 3 – WHOSE CIRCUMSTANCES CHANGED?

Select all that apply:
☐ Student ☐ Parent 1 ☐ Parent 2
☐ Spouse ☐ Stepparent ☐ Other

Prior income: $_____
Current/expected income: $_____
Date circumstance occurred: _____
Expected annual income: $_____
Employment status: _____
Other relevant income: $_____

SECTION 4 – CIRCUMSTANCES EXPLANATION

Describe what changed, when it occurred, how it affected your financial circumstances, and why the information currently reported on the FAFSA does not accurately reflect your circumstances. (Use additional paper if needed)

_____

_____

_____

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SECTION 5 – REQUIRED DOCUMENTATION

Submit non-returnable copies of required documentation listed for each item you checked below. Place your name and KWU ID Number on top of each document. All supporting letters must be signed by the author and on letterhead (if applicable).

Reason for Request: Please submit the required supporting documentation.

☐ **Loss of income or change in income**:
Select income year to be used in Professional Judgment:
_____ (previous year/actual) _____ (current year/estimated)
☐ For actual income, provide copy of signed FAFSA required tax year Federal Tax Return
☐ For estimated/loss of income, include:
- Documentation that provides the reason for and/or date of income loss
- Include most recent paystub(s) and a letter from employer(s)
- Signed estimate of total expected income

☐ **Change of student's marital status from single to married:**
- Copy of marriage certificate
- **SIGNED** copies of the FAFSA required tax year Federal Tax Returns for both parties

☐ **Divorce or separation**:
Select individual Divorcing or Separating: ☐ Parent ☐ Student
- Submit a copy of the divorce decree or a letter of separation
- Independent students should include the FAFSA required tax year Federal Tax Return and W-2 form(s)
- Dependent students should include the FAFSA required tax year Federal Tax Return and W-2 form(s) for both parents

☐ **Death of a parent or spouse**:
- Submit a copy of the death certificate
- Submit surviving parent's or student's expected current-year income

☐ **Birth of a child during the school year**:
- Submit doctor's note indicating expected birthdate of child
- Provide proof the student is or will be providing 50% or more support for the child

☐ **Medical and dental expenses paid – not covered by insurance**:
- Submit proof of actual medical and dental **payments made** in the FAFSA required tax year that were not reimbursed by insurance

☐ **Private elementary or secondary education tuition for dependent children**:
- Submit a letter on official letterhead from the school you will be paying tuition to documenting tuition paid or will be paid for the previous or upcoming academic year (depending on your situation)

☐ **Other extenuating circumstances**: _____
- Submit complete documentation to support your reason(s) for requesting consideration.

***We will NOT consider consumer debt (e.g., auto loans, credit card payments, and mortgage) as a reason for professional judgment adjustments**

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SECTION 6 – ACKNOWLEDGMENT AND AFFIRMATION REQUIRED SIGNATURES

Allow 2-4 weeks for processing. You will receive a notification of the outcome via your KWU email. Please note all decisions are final. Additional documentation may be requested to support your situation. Any request submitted without documentation will be delayed. Students who have been selected for verification **MUST** complete that process before their Professional Judgment Request will be reviewed. Check your my KWU portal for required verification documents.

Sign this worksheet. **WARNING:** If you purposely give false or misleading information in establishing eligibility for federal student aid, you may be subject to a federal fine up to $20,000, a prison sentence, or both.

Affirmation: Each person signing below certifies that all the information reported is complete and correct to the best of their knowledge and all documentation attached is an accurate and truthful representation of items claimed. The student and parent/contributor are required to sign and date, but the spouse's signature is optional.

Student Signature (Required):_____ Date:_____

Parent/Contributor Signature (Required):_____ Date:_____
At least one parent who is on the FAFSA must sign.

Spouse/Contributor Signature (Optional):_____ Date:_____

KWU Office of Financial Aid ONLY:
DETERMINATION:

	Denied	◯ See attached email
	Approved	◯ Calculations ◯ Revised Award ◯ See attached email

◯ Entered on FAFSA Partner Portal by _____ Date:_____
◯ Attach FAFSA Partner Portal print-out.
◯ PJ ISIR Returned

FAA Signed: _____ **Date** _____