



S O U T H E R N
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*Division of Enrollment Services
Financial Aid*

2011-2012 Request for Professional Judgment or Special Circumstances

Your application for financial aid was processed using information you furnished on the Free Application for Federal Student Aid (FAFSA) and the CSS/Financial Aid Profile (if you have filed this form). That information was calculated to determine how much you, your spouse, and/or your parents are expected to contribute towards your college costs. While federal law defines the Expected Family Contribution (EFC) calculation, the law does provide some flexibility.

SMU requires each student requesting special consideration for additional financial aid file a FAFSA and a CSS/Financial Aid PROFILE®. The fee for filing the CSS/Financial Aid PROFILE® is \$9.00 for registration and a \$16.00 application fee (\$25.00 total). The Non-Custodial Parent PROFILE is required if the parent reported marital status is divorced/separated. Processing fee for this additional form is \$25.00. SMU's PROFILE code is 6660. Please go to <https://profileonline.collegeboard.com> to complete this form if you have not already done so.

Additionally, SMU requires that you submit with this appeal SIGNED copies of your previous years completed tax returns and the SMU Dependent or Independent Verification Statement. These forms may be found in our Forms Library at http://www.smu.edu/financial%5Faid/forms_toc.asp

The SMU Financial Aid Appeals Committee may consider making an individual adjustment of your financial aid based on professional judgment. The components of your Cost of Attendance (COA) and the data elements used to calculate the Expected Family Contribution (EFC) are adjustments that may be considered. Such adjustments must be made on a case-by-case basis, and the reasons for the adjustment must be documented in the student's file.

If you decide to continue with your request for special circumstances, please return the completed Professional Judgment Worksheet and other forms to the Division of Enrollment Services – Financial Aid at the address or facsimile number listed below.

Professional Judgment is done on a case-by-case basis and is valid for one academic year only. Therefore, if your request for this year is approved, this adjustment should not be construed as a commitment for adjustments in future periods.



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*Division of Enrollment Services
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2011-2012 Professional Judgment Worksheet

Documentation required for Loss of Employment, Reduction of Wages, Separation, Divorce,
Change in Benefits, and/or Death

Student Name: _____ SMU ID: _____

Address: _____
Street City/State Zip

Independent Student ____ Dependent Student ____

This worksheet is being provided because the FAFSA and/or CSS/Financial Aid PROFILE® do not represent a current financial situation due to extreme changes in income. The SMU Financial Aid Appeals Committee will review this request to determine if other financial information may be used to recalculate student's aid eligibility. All resources must be exhausted before filing. Student must have already secured their Direct Loans and parent must have applied for a Parent Plus Loan. Do not wait until the appeal is completed to accept your awards. Your awards can be adjusted if your appeal is approved. Failure to accept your awards may incur late charges to your account. **Professional Judgment requests for the Fall must be completed by August 1st and by January 5th for the Spring.**

The following is a checklist of the items necessary to be submitted before an appeal can be evaluated:

- _____ FAFSA, completed and information received by SMU.
- _____ Previous years tax return for parent and student, SIGNED.
- _____ Dependent **or** Independent Verification Form.
- _____ CSS/Financial Aid PROFILE® (<https://profileonline.collegeboard.com>) completed and information sent to SMU.
- _____ This Professional Judgment worksheet and documentation to support items below.
- _____ Letter explaining why your financial aid award application should be recalculated.

Please document your request fully so we can correctly evaluate your request for additional aid.

Please complete only the sections that apply to your current situation.

A student or parent or spouse loss or reduction of wages:

Decrease in income must be a minimum of at least 25%. Your financial aid advisor may consider making an adjustment to the reported income in cases of unemployment, workforce cutbacks, retirement, illness, separation/divorce, disability, or death. If you are filing due to loss of employment you must allow 3 months before filing. It is expected that you provide any combination of the following documents that are appropriate or highlighted.

Effective date of loss or reduction of wages: _____ (must allow 3 months before filing)

- Termination notice or letter of resignation
- Last paycheck stub
- Death Certificate
- Legal separation or divorce decree
- 2010 Tax Return (1040, 1040A, etc.)

❑ **Student or parent or spouse loss or change of benefits, alimony, and/or child support:**

Unemployment, retirement, disability claims, Worker’s Compensation are types of benefits that could change income. Alimony or maintenance agreements, and child support are types of income that are discontinued when child reaches 18. You must provide documentation that benefits have ceased. It is expected that you provide any combination of the following documents that are appropriate or highlighted.

Effective date of loss or change of benefits, alimony, and/or child support: _____

- Unemployment Benefits Statement
- Disability/Death Benefits notice of termination
- Alimony or Child Support notice of termination
- Worker’s Compensation notice of termination
- Retirement or Veterans Administration benefits notice of termination
- 2010 Tax Return (1040, 1040A, etc.)

❑ **Unusually high medical expenses (*must exceed 11% of your adjusted gross income and paid in 2010*):**

A large percentage of income paid towards medical expenses may be used to offset income. Out-of-pocket expenses such as doctor, hospital stay, and prescriptions related to extreme illness, testing, and insurance premiums may be considered. Only expenses not covered by insurance or paid by another party may be considered. It is expected that you provide any of the documents that apply or are highlighted.

- Medical or Dental expenses not covered by insurance or other party may include:
 - **Schedule A from 1040 (*required*)**_____

❑ **Other circumstances:**

Circumstances that severely impact income and cause extreme hardship.

- Private school tuition expense (elementary or secondary schools only) paid *January—December 2010* (Billing Statement **required** for each student)
 - Name(s) and age(s) of child _____
 - Relationship to student _____
 - Monthly/Annual cost per child _____
- Dependent or elder care expense (Include documentation of expenses paid for)
 - Name and age of dependent _____
 - Relationship to student _____
- Support to extended family (Include documentation of expenses paid for)
 - Name(s) and age(s) of recipient _____
 - Relationship to student _____
 - Monthly or annual contribution _____

**Anticipated Gross Income
January –December 2011**

Source	Total Amount
Student's wages, salaries, tips, etc.	
Spouse's wages, salaries, tips, etc.	
Mother/Stepmother's wages, salaries, tips, etc.	
Father/Stepfather's wages, salaries, tips, etc.	
Other taxable income	
Child support received for all children	
Untaxed income such as: Military, clergy, or other housing allowance	
Any other source of untaxed income	

Your and your parent or spouse's signatures below will attest to the accuracy of information provided.

Certification: The information on this form is true, and complete to the best of my knowledge. I agree to furnish additional information if asked. I understand that purposely giving false or misleading information is subject to a fine of up to \$10,000, federal imprisonment of up to five years, or both.

Student signature _____
Date

Parent/Step Parent/Spouse signature _____
Date

FOR OFFICE USE: Date Reviewed _____ Approved _____ Denied _____

Comments: _____

