

Mitchell College
437 Pequot Ave, New London, CT, 06320 Phone 800-443-2811 Fax 860-444-1209

2016-2017 Professional Judgment Form

If you have extenuating circumstances, which you believe, warrant a re-evaluation of your eligibility for financial aid, **you must complete and sign this form, provide a letter of explanation, appropriate documentation and anticipated income from date of occurrence until December 31, 2016.** Decisions are final and are based upon your specific documentation and the regulatory parameters established by Mitchell College. **Incomplete forms will not be reviewed until we receive all of the required documentation.**

INSTRUCTIONS:

Dependent students must submit: *Dependent - Standard Verification Worksheet and their 2015 Federal Tax Return Transcript (if applicable) and their parents 2015 Federal Tax Return Transcript and all 2015 W-2s.*

Independent students must submit: *Independent - Standard Verification Worksheet and their and their spouse's (if applicable) 2015 Federal Tax Return Transcript(s) and all 2015 W-2s.*

Request a Federal Tax Return Transcript at www.irs.gov.

Please see below for additional information that must be received to consider your special circumstance.

Person to contact regarding this matter: _____ and

Telephone number: _____.

A. STUDENT INFORMATION:

Name (Print) _____ SS# _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Phone _____ E-mail _____

B. CHECK ALL THAT APPLY:

____ 1. **Involuntary loss of employment:** (e.g. termination, lay off) of: (check box that applies)

☐ Student ☐ Spouse ☐ Parent #1 ☐ Parent #2

***Submit copy of termination letter.**

***Submit copy of statement from the Unemployment office showing your unemployment benefits.**

***Submit copy of your last pay stub for 2016.**

***Submit documentation of your separation benefits such as severance.**

____ 2. **Reduction or loss of untaxed income or benefits** (e.g. unemployment compensation, child support, etc.)

(check box that applies)

☐ Student ☐ Spouse ☐ Parent #1 ☐ Parent #2

***Specify source of reduction or loss of income or benefits:** _____

***Submit a statement from the appropriate agency reducing/cancelling the total amount of benefits in 2016.**

_____ 3. **Change in marital status:** (check all that apply)

☐ Divorce ☐ Separation of ☐ Student ☐ Parents

***Provide a copy of divorce decree/ legal separation/ proof of separate living addresses. (No PO addresses accepted)**

***Provide present sources of income, include documentation, if applicable.**

_____ 4. **Death** of (check box that applies)

☐ Spouse ☐ Parent #1 ☐ Parent #2

***Provide a copy of the death certificate.**

***Provide present sources of income, include documentation, if applicable.**

_____ 5. **Extraordinary medical expenses not covered by insurance and PAID by:** (check box that applies)

☐ Student ☐ Spouse ☐ Parent #1 ☐ Parent #2

***Submit Schedule A of the 2015 Federal Tax Return.**

_____ 6. **Other:**

**If none of the conditions provided apply to your situation, please explain your extenuating circumstances for 2016.
You must submit documentation to verify the condition.**

C. SIGNATURES:

All of the information on this form is true to the best of my knowledge and I have attached the appropriate supporting documentation.

Student _____ Date _____

Parent _____ Date _____

FOR FINANCIAL AID USE ONLY

☐ Approved ☐ Denied ☐ Additional Documentation Requested (see below)

Counselor Signature _____ Date _____