



437 Pequot Ave, New London, CT, 06320 Phone 800-443-2811 Fax 860-701-5090

2018-2019 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 and appropriate documentation.** 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 2016 Federal Tax Return Transcript (if applicable) and their parents' 2016 Federal Tax Return Transcript and all 2016 W-2s.*

Independent students must submit: *Independent - Standard Verification Worksheet and their spouse's (if applicable) 2016 Federal Tax Return Transcript(s) and all 2016 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: _____

Telephone number: _____ E-mail _____

A. STUDENT INFORMATION:

Name (Print) _____ SS# _____

Address _____ City _____ State _____ Zip _____

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 documentation of your separation benefits such as severance.**

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

____ **2. Reduction or loss of 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.**

____ **3. 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 2016 Federal Tax Return.**

____ **4. 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.**

____ **5. 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.**

____ **6. Other:**

If none of the conditions provided apply to your situation, please explain your extenuating circumstances. 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 _____