



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

2020-2021 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 2018 Federal Tax Return Transcript (if applicable) and their parents' 2018 Federal Tax Return Transcript and all 2018 W-2s.*

Independent students must submit: *Independent - Standard Verification Worksheet and their spouse's (if applicable) 2018 Federal Tax Return Transcript(s) and all 2018 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) _____ Last four digits of 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

***Documents listed above under Instructions.**

***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

***Documents listed on page 1 under Instructions.**

***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

***Documents listed on page 1 under Instructions.**

***Submit Schedule A of the 2018 Federal Tax Return, if applicable.**

4. Change in marital status: (check all that apply)

☐ Divorce ☐ Separation of ☐ Student ☐ Parents

***Documents listed on page 1 under Instructions.**

***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

***Documents listed on page 1 under Instructions.**

***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. You may use a separate piece of paper, if necessary.

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 _____