MITCHELL COLLEGE

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

2022-2023 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 2020 Federal Tax Return (if applicable) and their parents' 2020 Federal Tax Return and all 2020 W-2s.*

Independent students must submit*: Independent - Standard Verification Worksheet and their spouse's (if applicable) 2020 Federal Tax Return and all 2020 W-2s.*

Or you may Request a 2020 Federal Tax Return Transcript *at www.IRS.gov - "Get Your Tax Record".*

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. <u>Extraordinary medical expenses not covered by insurance and PAID by:</u>** (**check box that applies**)

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

***Documents listed on page 1 under Instructions.**
***Submit <u>Schedule A</u> of the 2020 Federal Tax Return, if applicable.**

☐ **4. <u>Change in marital status</u>**: (**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. <u>Death</u> 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. <u>Other:</u>**

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**_____