



Professional Judgment Request Form

Randolph College recognizes that standard financial aid forms do not always capture the full financial profile of our students and their families. Through the use of Professional Judgment, the Financial Aid Office may be able to make adjustments to your FAFSA which could result in a recalculation of aid eligibility at Randolph College. All Professional Judgment cases are subject to a review and are not guaranteed to result in any additional financial aid. **All decisions are final.**

A. Student's Information

Students Last Name	First Name	M.I.	Student's Social Security Number
Student's Street Address (include apt. number)			Student's P#/People Code ID
City, State, Zip Code			Student's Date of Birth
Student's Phone Number (include area code)			Student's Email Address

B. Special Circumstance Selection

Reason for Request	Required Documentation
<input type="checkbox"/> Loss/Reduction in Employment (Unemployment must be for at least 8 weeks before a request will be considered)	<ul style="list-style-type: none"> A letter from the former employer on company letterhead detailing the employee's termination/separation date Notice of severance/pay-out Notice of unemployment benefits A copy of the employee's year-to-date pay stub A copy of the current year tax form and W-2's
<input type="checkbox"/> Loss/Reduction of Income or Benefits (Such as Social Security benefits, Unemployment benefits, Child Support, etc.)	<ul style="list-style-type: none"> A copy of a letter from the appropriate state or federal agency that specifies the termination date and the amount of benefits received A benefits schedule
<input type="checkbox"/> Divorce or Separation	<ul style="list-style-type: none"> A copy of the divorce decree or separation agreement (preferably from a lawyer*) Documentation indicating that the divorce or separated parties have been living separately and have incurred their own living expenses (i.e. utility bills, lease, etc.) A copy of the current tax form and W-2's
<input type="checkbox"/> Death of a Parent or Spouse	<ul style="list-style-type: none"> A copy of the death certificate of obituary A copy of the current tax forms and W-2's
<input type="checkbox"/> Unusual Medical/Dental Expenses	<ul style="list-style-type: none"> A copy of Schedule A from your 2020, 2021, 2022 income tax return Copies of canceled checks for out-of-pocket expenses and/or receipts of payments A copy of your FSA or HAS account showing payments <u>and/or</u> a copy of your account listing payments and dates
<input type="checkbox"/> Other	<ul style="list-style-type: none"> A written explanation of the situation Any relevant documentation



C. Summary of Special Circumstance

Brief Summary of Special Circumstance (include date of change, who was/has been affected)

D. Certification and Signatures

I/we certify that all the information reported on this worksheet is complete and correct. I/we understand that if we purposely give false or misleading information, we could be fined, jailed, or both.

Student's Signature (Required)	Date
Parent's Signature (Required for Dependent Students)	Date
Spouse's Signature (Optional for Independent Students)	Date

IMPORTANT: Requests cannot be completed until ALL required documents are received.

OFFICE USE ONLY

Initial Reviewer:	Approved	Denied	Date:
QA Reviewer:	Approved	Denied	Date:
Comments:			