

2023-2024 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 due to special circumstances. 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. Household Information

List the people your parent(s) will support between July 1, 2023 and June 30, 2024. Include:

- Yourself and your parent(s)
- Your parents' other children if (a) your parent(s) provide more than half of their support, or (b) if the other children would be required to provide parental information were they to complete a FAFSA for 2023-2024. Include children who meet either of these standards, even if they do not live with your parent(s).
- Other people if they now live with your parent(s), and your parent(s) now provide more than half of their support and will continue to provide more than half of their support through June 30, 2023.

Write the name of the college below for any household member, excluding your parent(s), who will be enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2023 and June 30, 2024. **IMPORTANT:** Parent(s)' college enrollment status is not considered for a dependent student.

If more space is required, attach a separate page with student's name and P# at the top.

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time? (Circle Yes or No)
<i>Example: Jane Smith</i>	<i>23</i>	<i>Sister</i>	<i>State University</i>	<input checked="" type="radio"/> Yes <input type="radio"/> No
		Self	Randolph College	<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No

Note: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.

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C. Special Circumstance Selection

Reason for Request	Documentation for Consideration
<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 Parent(s) or Spouse	<ul style="list-style-type: none"> • A copy of the death certificate or 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. • As requested by Financial Aid.

D. Summary of Special Circumstance

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

You can attach a separate page if more space is needed.



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E. 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 documentation is received.

OFFICE USE ONLY

** For Loss/Reduction of Employment and/or Income/Benefits, use the *Income Reduction-Loss Worksheet***

Initial Reviewer: _____ Signature	Approved	Denied	Date:
QA Reviewer: _____ Signature	Approved	Denied	Date:

Document(s) Attached:

-
-
-
-
-
-
-

Comments and/or Notes:



**2023-2024 Professional Judgment
Request Form**

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Income or Benefit Loss/Reduction Calculation Worksheet

FAFSA Information

ISIR Trans # Reviewed:	Date Processed:
Selected for Verification:	Verification Type:
Comment Code(s):	Needs Resolution:

	Original Data	New Data
EFC		
PELL Amount	\$	\$
Dependency Status		
Household Size		
Number in College		

Parent Financial Information

Filing Status		
AGI	\$	\$
U.S. Income Tax Paid	\$	\$
Parent 1 Earnings	\$	\$
Parent 2 Earnings	\$	\$
Additional Financial	\$	\$
Untaxed Income	\$	\$
Cash, Savings, Checking	\$	\$
Business Worth	\$	\$
Investment Worth	\$	\$

Student Financial Information

Filing Status		
AGI	\$	\$
U.S. Income Tax Paid	\$	\$
Student Earnings	\$	\$
Spouse Earnings	\$	\$
Additional Financial	\$	\$
Untaxed Income	\$	\$
Cash, Savings, Checking	\$	\$
Business Worth	\$	\$
Investment Worth	\$	\$

Additional Notes: