



2024-2025 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. With Professional Judgment, the Financial Aid Office may be able to adjust your FAFSA which could result in a recalculation of aid eligibility at Randolph College. All Professional Judgment cases are subject to 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. Family Size Information

List the people you or your parent(s) will support between July 1, 2024 and June 30, 2025. Family size includes the following:

DEPENDENT STUDENT

- The student
- The student's parents, even if the student is not living with them. Exclude a parent who has died or is not living in the household because of separation or divorce. Include a parent who is on active duty in the U.S. Armed Forces apart from the family.
- The student's siblings if the following are true:
 - They live with the student's parents (or live apart because of college enrollment),
 - They receive more than half of their support from the student's parents, and
 - They will continue to receive more than half their support from the student's parents during the award year.
- Other persons if the following are true:
 - They live with the student's parents,
 - They receive more than half of their support from the student's parents, and
 - They will continue to receive more than half their support from the student's parents during the award year.

INDEPENDENT STUDENT

- The student.
- The student's spouse, if applicable.
- The student's dependent children if the following are true:
 - They live with the student (or live apart because of college enrollment);
 - They receive more than half of their support from the student; and
 - They will continue to receive more than half their support from the student during the award year.

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- Other persons if the following are true:
 - They live with the student;
 - They receive more than half of their support from the student; and
 - They will continue to receive more than half their support from the student during the award year.

The provided criteria for “dependent children” or “other persons” align with the requirement that family size align with whom the parent could claim as a dependent on a U.S. tax return if the parent were to file a U.S tax return at the time of completing the 2024-2025 FAFSA. As a result, the parent should not include any unborn children in the family size.

Write the name of the college below for any household member, excluding your parent/s (for dependent students), 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, 2024 and June 30, 2025.

IMPORTANT: Parent(s)’ college enrollment status is not considered for a dependent student.

If more space is required, attach a separate page with the 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	Yes No
				Yes No
				Yes No
				Yes 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.

C. 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. • Benefits schedule.



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<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 2021, 2022, 2023 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.

D. Summary of Special Circumstance

<p>Brief Summary of Special Circumstance (Include date of change, who was/has been affected)</p>
Empty space for user input

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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 required documents are received.

If you are unable to print or don't have access to a printer, please contact our office at 434-947-8128 or financialaid@randolphcollege.edu and we will be happy to mail you the documents needed.

How to Submit:

- **RECOMMENDED** SecureFile: <https://randolphfa.securefilepro.com/portal/#/login>
- Mail: Randolph College, Office of Financial Aid, 2500 Rivermont Ave., Lynchburg, VA 24503
- In-Person: Admission Welcome Center, 2711 Rivermont Ave., Lynchburg, VA 24503



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OFFICE USE ONLY

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

Documents Received/Attached:

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Comments and/or Notes:

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