

Rec'd by: _____
Date: _____



The University of Mississippi

FAO Action: ____
By: ____
Date: ____

Office of Financial Aid
Professional Judgment Committee
Post Office Box 1848
Suite 257 Martindale Student Services
University, Mississippi 38677

Telephone: (800) 891-4596
Fax: (662) 915-1164

2008-2009 Professional Judgment Request to Re-evaluate Financial Aid Eligibility

Section I. To be completed by student (please print):

STUDENT LAST NAME STUDENT FIRST NAME STUDENT MIDDLE NAME

OLE MISS STUDENT NUMBER LOCAL TELEPHONE NUMBER OLE MISS EMAIL ADDRESS

Please check the appropriate box indicating your student status:

Undergraduate/Pharmacy 1-4 Graduate/ Law/ Pharmacy 5-6

All supporting documentation required by the Office of Financial Aid must be attached to your request. Please note this form does not guarantee that your request will be approved, or that you will be eligible for additional aid.

You may complete this form if you, your spouse's, or your parents' (*for dependent students*) financial, marital, or family situation has been altered significantly from the information you were required to provide on the 2008-2009 FAFSA (based on 2007 taxes and income.) Information from this form, supporting documentation you provide, and information our office retrieves from your financial aid file will be reviewed to determine if we can assist you. **Any adjustment we may make to your financial aid eligibility must meet federal guidelines. Whether you receive additional financial aid will be contingent upon your new eligibility status, your student status, and the availability of funds.**

Check the appropriate reason for your request below. Please attach all required documentation, sign the certification statement located at the end of this form (*dependent students must also have a parent sign this form*), and return your request to the Office of Financial Aid, Post Office Box 1848, University, MS 38677.

Copies of Federal Income Tax Returns and W2's for 2007 must be submitted with this form. (If 2008 Tax Returns and W2's are available, please submit them as well.)

_____ **1.) A CHANGE IN MARITAL STATUS HAS OCCURRED SINCE AN INITIAL APPLICATION FOR FINANCIAL AID WAS PROCESSED.** (*A student who married after an initial application for financial aid was processed is not eligible for a re-evaluation request based on becoming married. This is a policy of the U.S. Department of Education.*)

Please provide a copy of the Divorce Decree or documentation to verify that a separation has occurred, a copy of the student's, spouse's, or parents' 2007 federal 1040 tax forms, and applicable 2008 W-2 forms. Dependent students must also provide confirmation of who will be their *custodial* parent during the academic year.

_____ **2.) A CHANGE IN THE FAMILY SITUATION HAS OCCURRED DUE TO THE DEATH OF A SPOUSE OR PARENT.**

Please provide a copy of the spouse's or parent's death certificate.

_____ **3.) THERE ARE LOSSES OF INCOME OR BENEFITS.**

If you, your spouse, or your parents (for dependent students) expect to earn less in 2008 than you did in 2007 because of a change in or loss of employment; or you, your spouse, or parents (*for dependent students*) received benefits such as Social Security, Veterans' Benefits, retirement income, or unemployment benefits in 2007 and those benefits have been reduced or suspended. Please provide documentation from your employer, former employer, or the appropriate government agency confirming the change in your income or benefits. (*For changes in income, we must have your last date of employment, the date your income changed, your year-to-date earnings, or your new income level. For changes in benefits we must have the date your benefits changed or were stopped, and the monthly amount of your benefits.*)

___ **A. Loss of income from work:** at least 12 consecutive weeks.

Period of unemployment from _____ to _____.

___ Loss of Employment or Layoff: Provide letter from employer and unemployment commission stating effective date.

Are you receiving unemployment? **Yes** or **No**

Amount Per Month _____

___ Disability: Date of disability ___/___/____. Attach documentation of disability benefits.

___ **B. Loss of untaxed income:** at least 12 consecutive weeks

___ Social Security: Provide Social Security Administration Notification of Termination of Benefits.

___ Child Support : Provide court document stating termination of benefits.

4.) EXTRAORDINARY MEDICAL/DENTAL EXPENSES.

To make adjustments in this area, you must document whether you have out-of-pocket expenses beyond the set amount for medical care that is already figured into the federal EFC formula. To do this, you must **obtain a signed statement from your medical provider** that details:

1. Original medical/dental expense, patient's name, and date of service
2. Amount paid (or to be paid) by insurance—and any other amount to be adjusted off the balance due
3. Amount actually paid on this service by the individual

The name, address, and phone number of the medical/dental provider must be listed on the statement.

5.) THERE ARE OTHER UNUSUAL OR SPECIAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED.

If you do not meet one of the conditions noted above for re-evaluation of your financial aid eligibility, please explain in detail and fully document the unusual circumstances that indicate that you, your spouse, or parents have experienced significant changes that effect your financial status.

Please provide the best possible estimates for the period of January 1, 2008- December 31, 2009. Additional documentation may be requested.

EXPECTED/ACTUAL INCOME	ESTIMATED/ ACTUAL 01/01/2008 TO 12/31/2008	ESTIMATED/ ACTUAL 01/01/2009 TO 12/31/2009
Expected/Actual income earned from work by father/step-father		
Expected/Actual income earned from work by mother/step-mother		
Expected/Actual income earned from work by student		
Expected/Actual income earned from work by spouse		
Other taxable income (interest, pensions, unemployment compensation, severance, etc.) Source: _____ Recipient: _____		
Other untaxed income (child support, Social Security, Welfare, worker's compensation, cash received, etc.) Source: _____ Recipient: _____		
TOTAL INCOME		

Personal Statement:

After checking the previous criteria, please continue by detailing in writing your unusual or special circumstances. Be sure to include all relevant information, (i.e., dates the circumstances occurred, the individual it affected and any other information you feel would justify this appeal.) Your written explanation should be as detailed as possible. All personal statements should be signed and dated.

CERTIFICATION STATEMENT

(Please read carefully before signing.)

All relevant or requested information and/or documentation must be attached to your request for a re-evaluation of your eligibility for financial aid. (Incomplete request forms will not be re-evaluated.) Requests for re-evaluation are processed through the Office of Financial Aid in as timely a manner as possible depending upon when they are submitted.

By signing below, I affirm that all information contained in or attached to this request for a re-evaluation of my financial aid eligibility, including any attached personal statements and/or other documentation, is true and correct to the best of my knowledge. I affirm that I have not knowingly or intentionally provided any false statements and/or fraudulent documentation. I understand that if I am found to have knowingly or intentionally given false or fraudulent statements and/or documentation, this request will be denied and that any eligibility for federal and state student aid may be suspended or canceled.

Student's Signature

Date

Parent or Spouse Signature

Date

A complete packet consists of:

- ____ **Completed worksheet**
- ____ **Copies of Federal income Tax Returns and W2's**
- ____ **Personal Statement**
- ____ **All other documentation that supports request**

Please feel free to provide any additional information that indicates your situation.