



# OFFICE OF STUDENT FINANCIAL AID SERVICES

INDIANA UNIVERSITY-PURDUE UNIVERSITY  
INDIANAPOLIS

## IUPUI and IUPUC Professional Judgment Appeal: 2008-2009 Academic Year

**General Information for Submitting a Professional Judgment Appeal:** An IUPUI or IUPUC student may submit this form along with supporting documentation to request professional judgment related to special circumstances that may qualify for the Office of Student Financial Aid Services to adjust the Expected Family Contribution (EFC) or Cost of Attendance (COA) for the 2008-2009 Aid Year (Fall 2008 and/or Spring 2009).

**Special Circumstances are defined and limited to:**

- \* Vehicle repair or mileage expenses
- \* Purchase of a computer (one time adjustment)
- \* Lodging/Transportation for 3<sup>rd</sup> + 4<sup>th</sup> Year Away Rotation (Medical students only)
- \* Uninsured medical/dental expenses
- \* Student housing changing from living with parents to off-campus
- \* Separated, divorced, or widowed since filing FAFSA
- \* Child care costs (independent students only)
- \* Professional licensure exams (graduate students only)
- \* Decrease in income or social security benefits
- \* Parent enrolled at least ½ time at a college or university

**Submission:** Please FAX or submit your application and supporting documentation to the Office of Student Financial Aid Services to determine if you are eligible for a professional judgment adjustment. You will receive an e-mail notification at your IUPUI or IUPUC account of the decision within 10 to 15 business days.

**Requested Aid (if applicable):** Should you become eligible for additional financial aid as a result of this appeal, you are requesting the following:

- Federal Work-Study (or additional Federal Work-Study):      Yes      No
- Additional Stafford loan (if eligible):                              Yes      No

**PART I: APPLICANT INFORMATION (PLEASE COMPLETE SECTION PRIOR TO PRINTING)**

Student Name:       University ID:   
 (10 digit):

IUPUI or IUPUC e-mail address:

**PART II: APPLICANT'S SPOUSE INFORMATION (IF ATTENDING IUPUI OR IUPUC)**

Spouse's Name:       University ID:   
 (10 digit):

**PART III: SUPPORTING DOCUMENTATION**

Please refer to the required documentation that is listed for each special circumstance.

**PART IV: AFFIRMATION STATEMENT (SIGN & DATE AFTER PRINTING)**

My signature below indicates that information on this form and the supporting documentation that is submitted are true and accurate to the best of my knowledge. I authorize the Office of Student Financial Aid Services to verify this information. I understand that providing false information can result in the cancellation or repayment of financial aid.

NOTE: If the special circumstance is associated with the student's spouse or parent, the student's spouse or parent's signature is required.

Signature of Student + Date:



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Signature of Spouse + Date:

Signature of Parent + Date:

**Instructions:** Check any applicable section, add any required information, and attach the required supporting documentation.

**Sections 1 – 7: Completing section 1, 2, 3, 4, 5, 6 and/or 7 may allow an increase in your cost of attendance (COA). An increase in your COA does not allow for an increase in any financial aid award if you have already been awarded the maximum annual Direct Stafford loan amount. For example: a dependent undergraduate freshman student who has already received a Direct Stafford Loan for \$5500 during the 08-09 aid year cannot receive additional Stafford Loan funding due to a change in COA.**

Section 1: **Vehicle repair expenses** between August 20, 2008 and May 8, 2009. **Documentation:** Itemized bill and copy of payment information (e.g. receipt) including date.

Total amount for vehicle repair:

Section 2: **Mileage expenses** between August 20, 2008 and May 8, 2009. Note: You must live outside Marion county if you are an IUPUI student or outside Bartholomew county if you are an IUPUC student. **Documentation:** None

Miles from home to campus:

Number of commute days per week:

Section 3: **Dependent child care** (for independent students only) between August 20, 2008 and May 8, 2009. **Documentation for child care:** Invoice from provider and cancelled check or payment receipt with dates.

Name(s) and Age(s) of dependents:

Total cost of dependent care while attending class:

Section 4: **Purchase of a personal computer** between June 1, 2008 and May 8, 2009. **Documentation:** Receipt listing computer purchase with verification of payment with dates.

Total cost for personal computer purchase:

Section 5: **Student housing change** from living with parent to living to off-campus in a separate household. **Documentation:** Copy of lease agreement or other bill showing household charges.

New address (street, city, + zip code):

Section 6: **Cost for professional licensure exams** (e.g. NERM, WREB, or law BAR) for graduate students in the School of Dentistry, Law, or Medicine. **Documentation:** Receipt listing professional licensure examination with verification of payment with dates.

Total Cost for professional licensure exam:

Section 7: **Cost for lodging and transportation for graduate students in the School of Medicine during the 3<sup>rd</sup> and 4<sup>th</sup> year away rotation.** **Documentation:** Receipts listing lodging and transportation costs with verification of payment with dates. For transportation, include documentation (MSN maps, Google Maps, or MapQuest) verifying round trip miles driven from your lodging location to your rotation location.

Total cost for lodging and transportation:



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**Instructions:** Complete any applicable section, add any required information, and attach the required supporting documentation.

**Sections 8 – 12: Completing sections 8, 9, 10, 11, and/or 12 may allow for a decrease in your estimated family contribution (EFC).** If requesting professional judgment based on sections 9, 10, 11, or 12, you must also complete and submit the Calendar Year 2008 worksheet on the back of this form.

Section 8: **Uninsured medical costs** between 2007 and 2008. **Documentation:** Receipt(s) listing uninsured medical costs with verification of payment with dates. For uninsured medical payments in 2007, include dated and signed 2007 Federal Income Tax return with W-2s.

Name of person and relationship to student:

Total Uninsured payments in 2007:

Total Uninsured payments in 2008:

Section 9: **Decrease in Income** between 2007 and 2008. **Documentation:** Attached worksheet and dated/signed 2007 Federal Income Tax return with W-2s. For loss of employment, letter from employer listing last day of employment and a copy of the last paycheck stub and payroll schedule (weekly, biweekly, or monthly). If re-employed, attach a statement with the first date of employment and copy of the most recent paycheck stub and payroll schedule.

Decrease in income for (student/parent and name):

Section 10: **Loss of Social Security Benefits or untaxed income** between 2007 and 2008. **Documentation:** Attached worksheet and dated/signed 2007 Federal Income Tax return, W-2s, and documentation of loss of Social Security benefits or untaxed income (e.g. loss of child support, worker's compensations, etc.) in 2007 with effective date.

Loss of benefits for: (Please circle one)

Student/Spouse  
Parent

**(Independent students only)**  
**(Dependent students only)**

Section 11: **Separated, divorced, or widowed since filing 2008-2009 FAFSA.** **Documentation:** Attached worksheet and dated/signed 2007 Federal Income Tax return, W-2s, and documentation of separation, divorce, or death certificate.

Marital Status + effective date of marital status:

Section 12: **Parent attending college** in a degree-seeking status enrolled at least half-time during the fall 2008, spring 2009, or summer 2009. Parent must not be receiving employer reimbursement. **Documentation:** Evidence of enrollment (fall 08, spring 09, or summer 09) listing coursework and dates with detailed bill and payment statement for each enrollment period.

Parent's Name:

College Name and Location:



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## Worksheet: Calendar Year 2008

**Instructions:** This worksheet is required if you are requesting professional judgment based on sections 9, 10, 11, and 12. Based on your FAFSA status of dependent or independent status, enter values in the appropriate columns. Enter a zero (0) in any box with no income. **Please DO NOT leave any space blank.**

Income for January 1, 2008 to December 31, 2008	Dependent		Independent	
	Jan. 1, '08 - Today	Today - Dec. 31, '08	Jan. 1, '08 - Today	Today - Dec. 31, '08
Student's gross earnings. (wages, salaries, net business or farm income - <b>do not</b> include Federal Work-Study)				
Spouse's gross earnings. (wages, salaries, net business or farm income - <b>do not</b> include Federal Work-Study)				
Father's gross earnings. (wages, salaries, net business or farm income - <b>do not</b> include Federal Work-Study)				
Mother's gross earnings. (wages, salaries, net business or farm income - <b>do not</b> include Federal Work-Study)				
Other taxable income (dividends, interest, pensions, annuities, alimony, unemploy. comp., capital gains, taxable Social Security)				
Earned income credit, additional child tax credit				
Welfare benefits, including Temporary Assistance for Needy Families (TANF). Don't include food stamps				
UNTAXED Social Security benefits received (such as SSI)				
Payments to tax-deferred pension/savings plan (pd directly or withheld from earnings); add untaxed portions of 401(k)/403(b) plans.				
Deductible IRA and/or Keogh payments, tax exempt interest income, foreign income exclusions, untaxed portions of pensions, credit for Federal tax on special fuels (only non-farmers should report special fuel tax credit)				
Child support you are receiving for all children. Do not include foster care or adoption payments.				
Housing, food, and other living allowances paid to members of the military, clergy and others.(including cash payments and cash value benefits)				
Veterans non-education benefits: Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and VA Education Work-Study allowance				
Any other untaxed income and benefits: worker's compensation, untaxed portions of railroad retirement benefits, Black Lung Benefits, disability, etc. Don't include student aid, Workforce Investment Act educational benefits, or benefits from flexible spending arrangements, e.g. cafeteria plans.				
<b>TOTAL</b>				

### For Office Use Only

Cost:	Category _____	Amount Allowed _____	Staff initials _____	Date Processed _____
Contribution:	New EFC _____	Prior EFC _____	Staff initials _____	Date Processed _____