

SOUTHEASTERN OK STATE  
UNIVERSITY  
FINANCIAL AID OFFICE  
425 W. UNIVERSITY BLVD.  
DURANT, OK 74701  
(580)745-2186  
FAX (580)745-7469

2017-2018  
PROFESSIONAL JUDGMENT FORM

Use this form to report special circumstances or changes in yours or your family's financial situation, which may impact your ability to pay for your education.

STUDENT NAME \_\_\_\_\_ STUDENT ID# \_\_\_\_\_

ALL STUDENTS MAKING A PROFESSIONAL JUDGMENT REQUEST MUST HAVE A COMPLETE AND VALID FAFSA ON FILE. PLEASE DO NOT TURN IN REQUEST WITHOUT ALL REQUIRED DOCUMENTATION. YOUR REQUEST WILL NOT BE CONSIDERED IF PAPERWORK IS INCOMPLETE.

Select the section that fits your situation and submit this form and required documentation to the Financial Aid Office.

Reason For Request (check one)	Date Of Change (mm/yy)	Family Member Affected (e.g., self, parent, spouse)
<input type="checkbox"/> <b>Loss of employment or change in employment</b> Provide documentation from former employer (on letterhead) stating last date of employment and year to date earnings. Last check stub may be used to show current earnings. Provide documentation of unemployment benefits. Provide signed statement explaining circumstances.		
<input type="checkbox"/> <b>Death of Spouse or Parent</b> Provide supporting documentation (i.e., copy of death certificate, obituary). Provide 2015 return tax transcript from the IRS and all 2015 W-2's. Provide signed statement explaining circumstances. (Additional documentation may be requested.)		
<input type="checkbox"/> <b>Divorce /Separation</b> Provide legal documentation (i.e., copy of divorce petition/decreed, separation agreement). Provide 2015 return tax transcript from the IRS and all 2015 W-2's. Provide signed statement explaining circumstances. (Additional documentation may be requested.)		
<input type="checkbox"/> <b>Excessive medical/dental expenses not covered by insurance.</b> Provide proof of medical expenses (i.e., copy of bill, or receipt showing payment). Provide 2015 and 2016 return tax transcript from IRS. Provide signed statement explaining circumstances. (Additional documentation may be requested.)		
<input type="checkbox"/> <b>Loss of untaxed income or benefits such as child support.</b> Provide documentation showing amount received, documentation showing benefit has ended and last date received. Provide signed statement explaining circumstances.		
<input type="checkbox"/> <b>Other</b> Provide detailed statement explaining reason for request. (Additional documentation may be requested.)		

Complete this section if the reduction in income is due to the loss of employment. Complete only for the family member affected. Do not leave any blank. Enter "0" or N/A.

<u>Anticipated Income for January 1, 2017 through December 31, 2017</u>	<u>Student</u>	<u>Spouse</u>	<u>Parent(s)</u>
Wages, salaries, tips (provide documentation)	\$	\$	\$
Unemployment Benefits (provide documentation)	\$	\$	\$
Severance Pay (provide documentation)	\$	\$	\$
Welfare Benefits (include TANF, AFDC)	\$	\$	\$
Social Security Benefits	\$	\$	\$
Child Support	\$	\$	\$
Cash Support from family/friends	\$	\$	\$
<b>Total Anticipated Income</b>	\$	\$	\$

\*If the loss of income is the student's, complete only the student section. If the loss of income is the spouse's, complete only the spouse section. If the loss of income is the parent's, complete only for the parent with the loss.

WARNING: If you purposely give false or misleading information, you will be referred to the United States Department of Education's Inspector General. If you purposely give false or misleading information in order to qualify for Title IV funds, you may be fined, sent to prison or both.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*For Office Use Only\*\*\*\*\*

Professional Judgment      \_\_\_ Approved      \_\_\_ Denied

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Initials \_\_\_\_\_