



Office of Student Financial Aid

**PROFESSIONAL JUDGEMENT  
FOR  
PARENT PLUS DENIAL REQUEST FOR DEPENDENT STUDENT**

**Student Name:** \_\_\_\_\_ **SSN#** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

THE PURPOSE OF THIS FORM IS TO GUIDE STUDENTS THROUGH THE PROCESS OF APPEALING TO THE FINANCIAL AID OFFICE BECAUSE OF A CHANGE IN FINANCIAL CIRCUMSTANCES FOR THEIR HOUSEHOLD.

PLEASE FOLLOW THE PROCEDURE BELOW TO REQUEST  
PROFESSIONAL JUDGEMENT

**STEP ONE:**

Submit the following documents with this form to the Financial Aid Office:

**PLEASE MAKE SURE THAT YOU SUBMIT ALL OF THE REQUIRED DOCUMENTATION OR THE FINANCIAL AID ADMINISTRATOR AND COMMITTEE WILL NOT BE ABLE TO CONSIDER YOUR REQUEST!**

1. This form, completed, with student's and parent's signatures.
2. Letter explaining the total income and expenses for your household in 2020 that should be considered in this professional judgment request.  
*Please make the letter as clear and detailed as possible so the administrator will be able to understand your special circumstances.*

**STEP TWO:**

PLEASE COMPLETE THE CHART BELOW SUMMARIZING YOUR EXPECTED INCOME FOR 2020

<b>ANTICIPATED INCOME 1/1/2020 TO 12/31/2021</b>	<b>STUDENT</b>	<b>PARENT</b>
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
<b>Total</b>	\$	\$

**STEP THREE:**

PLEASE COMPLETE THE CHART BELOW SUMMARIZING YOUR EXPECTED EXPENSES FOR 2020

<b>ANTICIPATED EXPENSES 1/1/2020 TO 12/31/2021</b>	<b>STUDENT</b>	<b>PARENT</b>
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
<b>Total</b>	\$	\$

SUBMIT THIS FORM AND THE REQUIRED DOCUMENTATION FROM STEP ONE TO THE FINANCIAL AID OFFICE.

YOU SHOULD EXPECT A DECISION OR A REQUEST FOR ADDITIONAL INFORMATION FROM THE FINANCIAL AID OFFICE OFFICE WITHIN 2 WEEKS FROM THE TIME THAT YOUR REQUESTED INFORMATION IS SUBMITTED

The Office of Financial Aid reserves the right to request additional information if deemed necessary. It is the student's responsibility to check on the final outcome of this professional judgment.

Student Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Financial Aid Use Only**

Financial Aid Advisor or Administrator _____	
Decision _____	Date: ___/___/___
Comments: _____	
_____	
_____	

No person shall be excluded from participation in, denied the benefits of, or be subject to discrimination under any program or activity sponsored or conducted by Claffin University on the basis of race, color, national origin, religion, sex, age, veteran status or disability