Office of Student Financial Aid

PROFESSIONAL JUDGEMENT
FOR
PARENT PLUS DENIAL REQUEST FOR DEPENDENT STUDENT

Student Name: _____ SSN#__XXX__ - _XX__ - _____

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.

<u>PLEASE FOLLOW THE PROCEDURE BELOW TO REQUEST PROFESSIONAL JUDGEMENT</u>

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 CONDISDER 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 2025 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 **2025**

ANTICIPATED INCOME 1/1/2025 TO 12/31/2025	STUDENT	PARENT
Click or tap here to enter text.	$Click or tap here to enter text.	$Click or tap here to enter text.
Click or tap here to enter text.	$Click or tap here to enter text.	$Click or tap here to enter text.
Click or tap here to enter text.	$Click or tap here to enter text.	$Click or tap here to enter text.
Click or tap here to enter text.	$Click or tap here to enter text.	$Click or tap here to enter text.
Click or tap here to enter text.	$Click or tap here to enter text.	$Click or tap here to enter text.
Click or tap here to enter text.	$Click or tap here to enter text.	$Click or tap here to enter text.
Click or tap here to enter text.	$Click or tap here to enter text.	$Click or tap here to enter text.
TotalClick or tap here to enter text.	$Click or tap here to enter text.	$Click or tap here to enter text.

STEP THREE:

PLEASE COMPLETE THE CHART BELOW SUMMARIZING YOUR EXPECTED EXPENSES FOR **2025**

ANTICIPATED EXPENSES 1/1/2025 TO 12/31/2025	STUDENT	PARENT
Click or tap here to enter text.	$Click or tap here to enter text.	$Click or tap here to enter text.
Click or tap here to enter text.	$Click or tap here to enter text.	$Click or tap here to enter text.
Click or tap here to enter text.	$Click or tap here to enter text.	$Click or tap here to enter text.
Click or tap here to enter text.	$Click or tap here to enter text.	$Click or tap here to enter text.
Click or tap here to enter text.	$Click or tap here to enter text.	$Click or tap here to enter text.
Click or tap here to enter text.	$Click or tap here to enter text.	$Click or tap here to enter text.
Click or tap here to enter text.	$Click or tap here to enter text.	$Click or tap here to enter text.
TotalClick or tap here to enter text.	$Click or tap here to enter text.	$Click or tap here to enter text.

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 WITHIN TWO 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_____

Decsion_____**Date:**____/_____/_____

Comments:_____

_____

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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 Claflin University on the basis of race, color, national origin, religion, sex, age, veteran status or disability.