

2023-2024 Professional Judgment Request Form

	Student ID Number	YoteMail	
The Financial Aid Office may consider used to calculate the Expected Familiaccording to federal education laws and	ly Contribution (EFC) and/or change	ge a student's dependency status,	
Complete the following steps:			
 Write a detailed letter of explanation 	n outlining your unusual circumstanc	es, sign the letter, then submit with thi	s form.
 Submit non-returnable copies of re- 	quired documentation listed for each	item you checked below. Place	
<u> </u>	no ID Number on top of each docume	ent. All supporting letters must be	
signed by the author and on letterh	, ,,		
 Ensure a 2023-2024 FAFSA has be 	een submitted at studentaid.gov with	the College of Idaho school code (007	1617).
Reason for Request:			
Check the reason(s) and submit the rec	quired supporting documentation.		
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$ exttt{ iny}$ Loss of income or change in inc	ome:		
Select income year to be used in	n Professional Judgment: 🛭 🗘 20	22 (Actual) 2023 (Estimated)	
Select individual who experience	ed loss of income: Parent	☐ Student ☐ Student's S	pouse
 Submit proof of year to date inc 	come and/or year to date expected in	ncome	
·	ocumentation that provides the reason	on for and date of income loss	
 Include most recent paystub(s) 	• • • • •		
☐ Change of student's marital state	us from single to married:		
Copy of marriage certificate	. Tananasiata fan haddanasii		
 Copies of 2021 IRS Tax Return 	i Transcripts for both parties		
Death of a parent or spouse:	tificato		
 Submit a copy of the death cert 	uncale udent's expected current-year income		

Re	ason for Request (continued):		
	Birth of a child during the school year:		
	 Submit doctor's note indicating expected birthdate of child 		
	 Provide proof the student is providing 50% or more support for the child 		
	Divorce or separation:		
	Select individual Divorcing or Separating: ☐ Parent ☐ Student		
	 Submit a copy of the divorce decree or a letter of separation 		
	 Independent students should include 2021 IRS Tax Return Transcript and W-2 form(s) 		
	 Dependent students should include 2021 IRS Tax Return Transcript and W-2 form(s) for both parents 		
	Medical and dental expenses paid – not covered by insurance:		
	 Submit proof of actual medical and dental payments made in 2021 not reimbursed by insurance 		
	Other extenuating circumstances:		
	 Submit complete documentation to support your reason(s) for requesting consideration. 		
	 We will <u>NOT</u> consider consumer debt (e.g., auto loans, credit card payments, and mortgage) as a reason for professional judgment adjustments 		
de	ow 2-4 weeks for processing. You will receive a notification of the outcome via your YoteMail. Please note all cisions are final. Additional documentation may be requested to support your situation. Any request submitted hout documentation will be delayed.		
Stu	idents who have been selected for verification MUST complete that process before their Professional Judgment		
Re	quest will be reviewed. Check Self-Service for required verification documents.		
Stu	udent's Signature (Digital signatures not accepted) Date		
 Pai	rent's Signature (for Dependent students) (Digital signatures not accepted) Date		
Sul	bmit Completed Professional Judgment Packet:		
Mai	il/Drop off: Financial Aid Office Fax to: (208) 459-5844		

Mail/Drop off: Financial Aid Office Hendren Hall 2112 Cleveland Blvd Caldwell, ID 83605