REQUEST FOR PROFESSIONAL JUDGMENT 2015-2016

Use this form to provide information regarding a negative change in your financial situation from 2015 to 2016. Dependent students should provide information for their parents and themselves; independent students should provide information for their spouse and themselves.

Name_________________________________ Student ID Number____________________

Home Phone_________________________ Work Phone___________________________

I am applying for professional judgment because of:

_____ A change in my parent’s circumstances

_____ A change in my spouse’s circumstances

_____ A change in my circumstances

Due to:

_____ A loss of a job or benefits

_____ Separation or divorce

_____ Death

_____ Other

Have you requested a Professional Judgment with McMurry in prior semesters?

(Y/N) ___________ If yes, when? _______________

Check the circumstance that best describes the change:

_____ Loss of a job or benefits in 2015 Indicate the last date of employment_____________

_____ Total loss of unemployment compensation or other untaxed income received in 2015.
   Type untaxed income_________ Weeks in 2015__________ Beginning Date_________

_____ Separation or divorce subsequent to Federal Aid application.
   Date of separation or divorce___________

_____ Death subsequent to Federal Aid application.
   Date of death_______________

Please explain special circumstances:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
**Parent(s)**

Estimated 2015 Adjusted Gross Income  
(Include wages, interest, business or farm income)
2015 Father’s income from work  
2015 Mother’s income from work  
2015 Unemployment benefits  
2015 Social Security benefits  
2015AFDC or ADC  
2015 Untaxed military benefits  
(Include housing, BAS and BAQ)  
2015 Earned income credit  
2015 Other untaxed income and benefits (including child support received)

**Student and Spouse**

Estimate 2015 Adjusted Gross Income  
2015 Student’s income from work  
2015 Spouse’s income from work  
2015 Unemployment benefits  
2015 Social Security benefits  
2015 AFDC or ADC  
2015 Untaxed military benefits  
2015 Earned income credit  
2015 Other untaxed income and benefits

**Certification**

All information contained on this form is true and correct to the best of my knowledge.

Student’s signature ________________________________ Date __________________
Spouse’s signature ________________________________ Date __________________
Father’s signature _________________________________ Date __________________
Mother’s signature _________________________________ Date __________________

*Request not considered until all documentation has been received.

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Office Use Only

Action______________________________________    Date____________________
Comments:____________________________________________________________