

# 2017 – 18 PROFESSIONAL JUDGMENT APPEAL FORM

Day undergraduate (Summer 2017, Fall 2017, Spring 2018)  
PACE & Graduate (Summer 2017, Fall 2017, Winter 2018, Spring 2018)

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Eligibility for financial aid is based on the 2015 tax year, which may not be indicative of the family's continuing ability to pay for the student's educational expenses. To remedy this, Congress has authorized the school's financial aid administrator to evaluate special circumstances on a case-by-case basis with adequate documentation. To begin an appeal, return this completed form, along with any supporting documentation, to the Office of Financial Aid. Please submit your form by mail or fax.

## 1. Write a detailed description of your special circumstance(s)

Please submit the description on a separate piece of paper and submit with this form.

**Please note:** CUH has a responsibility to provide a safe and nondiscriminatory environment. If your appeal references sexual misconduct or protected class discrimination or harassment, the Office of Financial Aid is obligated to report allegations of this nature to the Office of Institutional Equity and Compliance (OIEC) in addition to considering your appeal on these grounds. OIEC may contact you in this case, but you are not required to respond if you so choose.

## 2. Check the box that best describes your situation

Please also submit any additional forms along with supporting documentation.

- Unusual medical expenses paid during 2015 (also complete *Medical Expense Form\**)
- Unusual medical expenses paid during 2016 (also complete *Medical Expense Form\**)
- Parent in college during 2017-2018 academic year (also submit *Parent Enrollment Verification Form*)
- Other

If your situation includes one of the following, please **wait until after March 1, 2017 to submit this form** in order to provide sufficient information for processing your appeal.

- Decrease in student/spouse annual income since January 1, 2017 (also complete *Student Estimated Income Form\**)
- Decrease in parent annual income since January 1, 2017 (also complete *Parent Estimated Income Form\**)
- Unusual medical expenses paid or to be paid during 2017 (also complete *Medical Expenses Form* and *Parent Estimated Income Form\**)

\*All supplemental Professional Judgment Forms are located at <http://www.chaminade.edu/finaid/financial-aid-forms>.

## 3. Notification

For all dependent students, notification of requests for additional information and documentation and, of the completion of review, will be sent to the parent email address listed on the 2017-2018 FAFSA.

Parent Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## 4. Certification

The information I submit in this appeal is true and complete to the best of my knowledge.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(parent signature required only if student is dependent)