

**WALLACE COMMUNITY COLLEGE SELMA
OFFICE OF FINANCIAL AID**



2019-2020

Professional Judgment Request Form

Student Last Name

First Name

M.I.

Student's ID Number

Date of Birth

Phone Number (include area code)

Alternate or Cell Phone Number

A student requesting professional judgment for either ***Dependency Override or Loss of Income*** must do so in typed form and be specific as to what the student/parent is requesting the financial aid administrator to do. Each professional judgment request must be supported with adequate documentation.

Complete the following and submit the required documentation.

Check Below	Requirements
<input type="checkbox"/> I Am requesting Dependency Override. Check this box if you can provide the required documentation.	Submit a copy of the following: <ol style="list-style-type: none"> 1) Copy of parents' death certificates (<i>if your custodial parent has died and you have no contact with the other parent-one death certificate is required</i>). 2) Copy of student birth certificate. 3) Two statements on an official agency letterhead who knows the student's circumstances (<i>if your custodial parent has died and you have no contact with the other parent the statements must support your claim that you have not had any significant relationship with the other parent</i>). 4) A typed statement from the student of who provided living expenses during the whole "Year" of 2017. <p>Note: Additional information may be requested to finalize your request.</p>
<input type="checkbox"/> I Am requesting Loss of Income Recalculation. Check this box if you can provide the required documentation.	Submit a copy of the following: <ol style="list-style-type: none"> 1) A typed statement from the student or parent. 2) Job termination notice from the student or parent. 3) Last pay stub of the student or parent. 4) Verification of unemployment benefit received or not received for the student or parent. 5) Income for 2017 from all sources. 6) Last tax transcript from the IRS. <p>Note: Additional information may be requested to finalize your request.</p>

By signing this worksheet, I certify that all the information reported to qualify for federal student aid is complete and correct.

Student Signature

Date