

Rec'd by: _____
Date: _____



The University of Mississippi

FAO Action: _____
By: _____
Date: _____

**Professional Judgment Review Committee
Office of Financial Aid
257 Martindale Center
P.O. Box 1848
University, MS 38677-1848**

**Telephone: (800) 891-4596
Fax: (662) 915-1164
Email: finaid@olemiss.edu**

Adjustment to Expected Family Contribution 2014-15

You may complete this professional judgment request if you, your spouse's, or your parents' (*for dependent students*) financial, marital, or family situation has changed or differs significantly from the information you originally provided on your 2014-15 FAFSA (based on 2013 income and assets).

Information from this form, supporting documentation you provide, and information our office retrieves from your financial aid file will be reviewed to determine if we can make any adjustments to your Expected Family Contribution (EFC) which may assist you in receiving increased eligibility for need-based federal financial aid.

To be completed by student (please print):

STUDENT LAST NAME	STUDENT FIRST NAME	STUDENT MIDDLE NAME
OLE MISS STUDENT NUMBER	LOCAL TELEPHONE NUMBER	OLE MISS EMAIL ADDRESS

If a dependent student:

PARENT CONTACT NAME	PARENT PHONE NUMBER	PARENT EMAIL ADDRESS
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Please check the appropriate box indicating your student status:

Undergraduate/Pharmacy (EE 1-3/PY1) Graduate/ Law/ Pharmacy (PY2-PY4)

Please note this form does not guarantee that your request will be approved, or that you will qualify for additional aid. Whether you receive additional financial aid will depend on your new eligibility status and the availability of funds.

Check the appropriate reason for your request below.

_____ 1.) **A CHANGE IN THE FAMILY SITUATION HAS OCCURRED DUE TO THE DEATH OF A SPOUSE OR PARENT.**

Please provide a copy of the spouse's or parent's death certificate.

_____ 2.) **THERE ARE LOSSES OF INCOME OR BENEFITS.**

Please indicate if you, your spouse, or your parents (*for dependent students*) expect to earn less in 2014 than 2013, OR if benefits have been reduced or suspended.

___ **A. Loss of income from work:** There must be at least 3 months of lost income.

Attach documentation from your employer stating effective date (separation from work or pay change) and confirming the amount of reduced wages if applicable.

Note that we cannot use any documentation that reflects future events (e.g. anticipated date of resignation from job) – the event must have already happened.

Was a severance package provided? **Yes or No**
(If so, provide severance agreement.)

Is unemployment being received? **Yes or No**
(If so, attach statement of benefits.)

Is disability being received? **Yes or No**
(If so, attach documentation of benefits.)

Please be aware that unless the income loss is permanent in nature (e.g., retirement, or quitting work to return to school full-time), we cannot process a request of this type before **June 2014 (at the earliest)**. In most cases, it is premature to project 2014-15 income before the academic year even begins, especially when the financial situation could change (for example, by securing a new job). In some cases, we may want to wait until the 2014 tax return is filed to use 2014 tax/income data as the financial snapshot when re-evaluating eligibility for the 2014-15 academic year.

___ **B. Loss of benefits** (such as Social Security, Veterans' Benefits, retirement income, child support, or unemployment)

Provide notification of benefit termination or reduction, stating effective date and new monthly amounts if applicable.

Type of benefit affected: _____

_____ 3.) **A CHANGE IN MARITAL STATUS HAS OCCURRED SINCE AN INITIAL APPLICATION FOR FINANCIAL AID WAS PROCESSED.**

_____ If this involves the separation or divorce of a **dependent student's** parents, please submit a copy of the Divorce Decree or documentation to verify that a separation has occurred. Also provide confirmation of who will be the student's *custodial* parent during the academic year.

_____ If this involves the separation or divorce of an **independent student**, please submit a copy of the Divorce Decree or documentation to verify that a separation has occurred.

_____ If this involves a **dependent student** marrying after the initial FAFSA was filed, please provide a copy of the marriage license, and the appropriate tax documentation for both student and spouse.

_____ 4.) **EXTRAORDINARY MEDICAL/DENTAL EXPENSES HAVE BEEN PAID.**

To make adjustments in this area, you must document whether you have out-of-pocket expenses beyond the set amount for medical care that is already figured into the federal EFC formula. Copies of unpaid bills cannot be used. Please provide:

- a) A copy of the federal Schedule A (filed with the tax return) that reflects medical expenses paid during 2013, OR
- b) A *signed statement from your medical provider* that details:
 - Original medical/dental expense, patient's name, and date of service
 - Amount paid (or to be paid) by insurance—and any other amount to be adjusted off the balance due
 - Amount actually paid on this service by the individual
 - The name, address, and phone number of the medical/dental provider

_____ 5.) **A SIGNIFICANT AMOUNT OF ONE-TIME INCOME WAS REPORTED ON THE 2013 FEDERAL INCOME TAX THAT WILL NOT BE RECEIVED FOR 2014.**

Type of income reported (e.g., one-time early withdrawal from IRA Account):

Please provide explanation and documentation of these funds. Be aware that one-time funds that are not treated as recurring income will be counted as assets instead (for example, an increase to cash/savings/checking) in most cases.

This is because the FAFSA formula assumes that part of these funds should be used for the student's education. However, considering them as an asset for the year instead of recurring income often benefits the student when it comes to financial aid eligibility.

_____ 6.) **THERE ARE OTHER UNUSUAL OR SPECIAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED.**

If you do not meet one of the conditions above, provide a detailed explanation in your Personal Statement and attach documentation of how your financial status has been affected. Please know that the federal application does not allow us to take discretionary spending or outstanding debts into account – so things like bankruptcy, large credit card balances, or the costs of a second home cannot be the basis for a change in your financial aid eligibility.

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All relevant documentation must be attached to your request.

CHECKLIST

___ Completed form - signed

___ Complete ONE of the below options:

A. If you or your parents DID NOT elect to use the “Data Retrieval Tool” when completing your FAFSA, you will need to contact the IRS at 1-800-908-9946 (or visit www.irs.gov) to request a copy of the 2013 Tax Return Transcript(s) for you and your parent(s). If requesting the transcripts from the IRS website, select “Get Transcript for Your Tax Records” under the Tools category on the IRS website.

Note: You may still elect to use the Data Retrieval Tool by accessing your most current FAFSA online, selecting “Make FAFSA Corrections” and navigating the Financial Information section of the form.

B. If you and your parents DID elect to use the “Data Retrieval Tool” when completing your FAFSA (and did NOT change the information), provide signed copies of your 2013 federal income tax return (e.g., completed IRS 1040 form).

C. If you already provided copies of the 2013 Tax Return Transcripts for the FAFSA verification process, you do not have to submit them again. Did you already provide 2013 Tax Return Transcript(s) for the “verification” process? ___ Yes ___ No

___ Copies of W2’s, tax schedules, and/or other income documents such as benefits statements

If you provided copies of W2 form(s), tax schedules, or other income documents for the FAFSA verification process, you do not have to submit them again. Did you already provide W2’s for the “verification” process? ___ Yes ___ No

___ Personal Statement – Please attach a letter that explains your special circumstances. Also list ALL income currently received by your household. Be sure to include all relevant information and dates of events. Statements should be signed and dated.

___ Other documentation that supports request

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CERTIFICATION STATEMENT

(Please read carefully before signing.)

By signing below, I affirm that all information contained in or attached to this request for a re-evaluation of my financial aid eligibility (including any attached personal statements and/or other documentation) is true and correct to the best of my knowledge, and the information is complete.

I understand that if I am found to have knowingly or intentionally given false or fraudulent statements and/or documentation, this request will be denied and that any eligibility for federal and state student aid may be suspended or canceled.

Student’s Signature

Date

Parent or Spouse Signature

Date

Requests are processed as quickly as possible, but may take several weeks during peak periods (June through September).