

Rec'd by: _____
Date: _____



FAO Action: _____
By: _____
Date: _____

The University of Mississippi

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

Phone: 1-800-891-4596
Fax: (662) 915-1164
Email: finaid@olemiss.edu

Adjustment to Expected Family Contribution 2016-17

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 2016-17 Free Application for Federal Student Aid (FAFSA), which was based on 2015 household, tax, income, and asset information.

Our office will review the information from this form, supporting documentation you provide, and information from your FAFSA application 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 @go.olemiss.edu

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 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 2016 than 2015, 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 the effective date of separation from work or pay change and confirming the amount of reduced wages if applicable. PLEASE NOTE: we cannot use any documentation that reflects *future* events (i.e., anticipated date of resignation or separation 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 2016 (at the earliest)**. In most cases, it is premature to project 2016-17 income before the academic year even begins, especially when the financial situation could change (i.e., securing a new job). In some cases, we may wait until the 2016 tax return is filed and use 2016 tax/income data as the financial snapshot when re-evaluating eligibility for the 2016-17 academic year.

___ **B. Loss of benefits** (e.g., 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.

Specify type of benefit affected: _____

_____ 3) **A CHANGE IN MARITAL STATUS OCCURRED SINCE THE 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 appropriate tax documentation for *both* student and spouse (additional documentation may be requested before FAFSA corrections are made).

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

To make adjustments in this area, you must document whether you have **paid, out-of-pocket expenses** beyond the set amount for medical care that is already figured into the federal EFC formula. **Unpaid bills, estimates, or amounts strictly covered by insurance will not be considered.** Please provide:

A copy of the federal **Schedule A** (filed with the tax return) that reflects medical expenses paid during 2015,

OR

A **signed statement from your medical provider** that details:

- Original medical/dental expenses, patient's name, and dates of service
- Amount paid (or to be paid) by insurance—including any other adjusted amounts off the balance due
- Amount actually paid by the individual for any medical services rendered
- The name, address, and phone number of the medical/dental provider

_____ 5) **A SIGNIFICANT AMOUNT OF ONE-TIME INCOME WAS REPORTED ON THE 2015 FEDERAL INCOME TAX RETURN THAT WILL NOT BE RECEIVED IN 2016.**

Specify type of income reported (i.e., one-time early withdrawal from IRA Account):

Please provide an explanation and documentation of these funds. Be aware that one-time funds that are not treated as recurring income will be counted, in most cases, as asset information on the FAFSA (i.e., an increase to cash/savings/checking data). This is because the FAFSA formula assumes that part of these funds, when considered as income, should be used for the student's education. However, considering them as asset information, instead of recurring income, often benefits the student when it comes to financial aid eligibility.

_____ 6) **TUITION FOR PRIVATE SCHOOL (K-12).**

To make adjustments for private school tuition, you must document any **paid, out-of-pocket expenses** and provide an itemized paid receipt from the school showing tuition less any scholarships or discounts applied to the account (**anticipated/estimated charges or expenses will not be considered**).

7) **THERE ARE OTHER UNUSUAL OR SPECIAL CIRCUMSTANCES.**

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 changed. Please know that the federal formula does not allow us to take discretionary spending or outstanding debts into account – so things including, but not limited to, bankruptcy, large credit card balances, or the costs of a second home cannot be the basis for a change in the student’s calculated financial need.

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All relevant documentation must be attached to this request.

CHECKLIST

- ___ Completed and signed Adjustment to Expected Family Contribution professional judgment form
- ___ Use of the IRS Data Retrieval Tool on the FAFSA, or submission of the 2015 Tax Return Transcript (see below):
 - A. If you or your parents DID NOT elect to use the IRS Data Retrieval Tool when completing the FAFSA, you must submit the 2015 IRS Tax Return Transcript(s). To request a transcript, contact the IRS at 1-800-908-9946, or visit www.irs.gov, and select “Get a Tax Transcript” under the Tools list on the IRS homepage. Be sure to request the Tax Return Transcript, NOT the “Account Transcript” and NOT a copy of the actual return(s). **NOTE: You may still elect to use the Data Retrieval Tool by accessing the student’s most current FAFSA application online, selecting “Make FAFSA Corrections”, and navigating to the Financial Information section of the FAFSA.**
 - B. If you or your parents DID elect to use the IRS Data Retrieval Tool when completing the FAFSA (and did NOT change any transferred information), you should provide signed copies of the 2015 federal income tax return (completed IRS 1040, 1040A, or 1040EZ form) or the 2015 IRS Tax Return Transcript.
- ___ Copies of 2015 W-2 forms, tax schedules, and/or other income documents (such as benefits statements).
NOTE: If copies of the tax return, tax return transcript, W-2 form(s), tax schedules, or other income documents were provided for the FAFSA verification process, do not submit them again. Was this type of documentation submitted for the verification process? ___ Yes ___ No
- ___ Personal Statement – Please attach a personal statement, written, signed, and dated statement that explains your special circumstances. Also list ALL income currently received by your household. Be sure to include all pertinent information and dates of events.
- ___ Other documentation that supports your request.

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CERTIFICATION STATEMENT
(Please read carefully before signing.)

By signing below, we affirm that all information contained in or attached to this request for an adjustment to the Expected Family Contribution (including any attached personal statements and/or other documentation) is true and correct to the best of our knowledge, and the information is complete. We agree to provide additional information or documentation if requested. We understand that if we are 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’s Signature

Date

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