Rec'd by:	
Date:	The University of Mississippi

FAO Action:______ By:_____ Date:_____

Phone: 1-800-891-4596 Fax: (662) 915-1164

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

Adjustment to Expected Family Contribution 2020-2021

You may complete this professional judgment request if your, your spouse's (*for independent students*), or your parents' (*for dependent students*) financial, marital, or family situation has changed or differs significantly from the information you originally provided on your 2020-21 Free Application for Federal Student Aid (FAFSA), which was based on 2018 tax and income information, but current household and asset information.

Our office will review the information from this form, required supporting documentation you provide (see below), 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. Please note: submitting this form in and of itself, 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.

	REQUIRED SUPPO	ORTING DOCUMENTATION (mu	st be submitted with this form):
		ttach a personal statement, written, signed, an ncome currently received by your household.	d dated statement that explains your special Be sure to include all pertinent information and
	Use of the IRS Data Retrieval	Tool on the FAFSA, OR submission of 20	18 Tax Return Transcript:
	transferred information), you sl		en completing the FAFSA (and did not change any federal income tax return (completed IRS 1040,
	the 2018 IRS Tax Return Trans	cript(s). For assistance on how to request, ple	ol when completing the FAFSA, you must submit ease visit: https://finaid.olemiss.edu/verification/ ript". In some cases, we will also accept a signed,
	•	use the Data Retrieval Tool by accessing the A Corrections", and navigating to the Finat	**
	Copies of 2018 W-2 forms, ta	x schedules, and/or other income documen	ts (such as benefits statements).
		other income documents were provided for the ocumentation submitted for the verification pro-	ne FAFSA verification process, do not submit rocess? Yes No
	* *	ing your request, i.e. statement of last date of statement with loss of benefits, etc.	employment from former employer, court
To	be completed by student	(please print):	
ST	UDENT LAST NAME	STUDENT FIRST NAME	OLE MISS STUDENT NUMBER
Ple	ease check the appropriate b	ox indicating your student status:	
	Undergraduate/Pharmacy (E	EE 1-3/PY1)Graduate/ Law/ Pharma	acy (PY2-PY4)
If	you are a dependent stude	ent (please print):	
PA	RENT CONTACT NAME	PARENT PHONE NUMBER	PARENT EMAIL ADDRESS

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 (<i>for dependent students</i>) are now earning less than what is reported on your 2020-21 FAFSA, or if there are benefits that 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 <i>future</i> events (i.e., anticipated date of resignation or separation from job) – the event must have already happened.				
	Was a <u>severance</u> package provided? Yes or No (If so, provide severance agreement.)				
	Is <u>unemployment</u> being received? Yes or No (If so, attach statement of benefits.)				
	Is <u>disability</u> being received? Yes or No (If so, attach documentation of benefits.)				
Please be aware that unless the income loss is <u>permanent</u> in nature (e.g., retirement, or quitting work to return to school full-time), processing a request of this type is somewhat premature until 2018 tax information is available. In most cases we will request both the 2018 and 2019 tax documents. In some cases, we may also wait until the 2020 tax return is filed and use 2020 tax/income data as the financial snapshot when re-evaluating eligibility for the 2020-21 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:				

Check the appropriate reason(s) for your request below.

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 <i>custodial</i> 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 <i>after</i> the initial FAFSA was filed, please provide a copy of the marriage license, and appropriate tax documentation for <i>both</i> student and spouse (additional documentation may be requested before FAFSA corrections are made).
4)	EXTRAORDINARY MEDICAL/DENTAL EXPENSES HAVE BEEN PAID.
	To adjust for medical/dental expenses, you must document whether you have paid , out-of-pocket expenses beyond the set amount for medical/dental care that is already figured into the federal EFC formula. Unpaid bills , estimates , or amounts strictly covered by insurance <u>will not</u> be considered . Please provide:
	The IRS Tax Return that matches the calendar year when the medical expenses were incurred, and a copy of the federal tax Schedule A for that year's return.
	OR
	For the appropriate calendar year when the medical expenses were incurred, a signed statement from your medical/dental provider (which must include the name, address, and contact information of the medical/dental provider), or documentation 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
5)	A SIGNIFICANT AMOUNT OF ONE-TIME INCOME WAS REPORTED ON THE 2018 FEDERAL INCOME TAX RETURN THAT WILL NOT BE RECURRING.
	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.

TUITION FOR PRIVATE SCHOOL (K-12	2) for 2020-21.
To adjust for private school tuition, you must and provide an itemized paid receipt from the tuition less any scholarships or discounts applicharges or expenses will not be considered).	ied to the account (anticipated/estimated
THERE ARE OTHER UNUSUAL OR SPE	ECIAL CIRCUMSTANCES.
If you do not meet one of the conditions above Personal Statement and attach documentation Please know that the federal formula does not outstanding debts into account – so things included card balances, or the costs of a second his student's calculated financial need.	of how your financial status has changed. allow us to take discretionary spending or luding, but not limited to, bankruptcy, large
CERTIFICATION STA	ATEMENT
(Please read carefully befo	ore signing.)
ow, we affirm that all information contained in or at ly Contribution (including any attached personal strest of our knowledge, and the information is compled documentation if requested. We understand that if variable that it is an an any false or fall and be suspended or canceled, and any false or fall and any false of the Inspector General.	atements and/or other documentation) is true and ete and accurate. We agree to provide additional we are found to have knowingly or intentionally quest will be denied, any eligibility for federal and
ure	Date
	To adjust for private school tuition, you must and provide an itemized paid receipt from the tuition less any scholarships or discounts applicharges or expenses will not be considered) THERE ARE OTHER UNUSUAL OR SPE If you do not meet one of the conditions above Personal Statement and attach documentation Please know that the federal formula does not outstanding debts into account — so things included card balances, or the costs of a second his student's calculated financial need. CERTIFICATION STA (Please read carefully before, we affirm that all information contained in or and by Contribution (including any attached personal states of our knowledge, and the information is completed documentation if requested. We understand that if you required the statements and/or documentation, this red

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