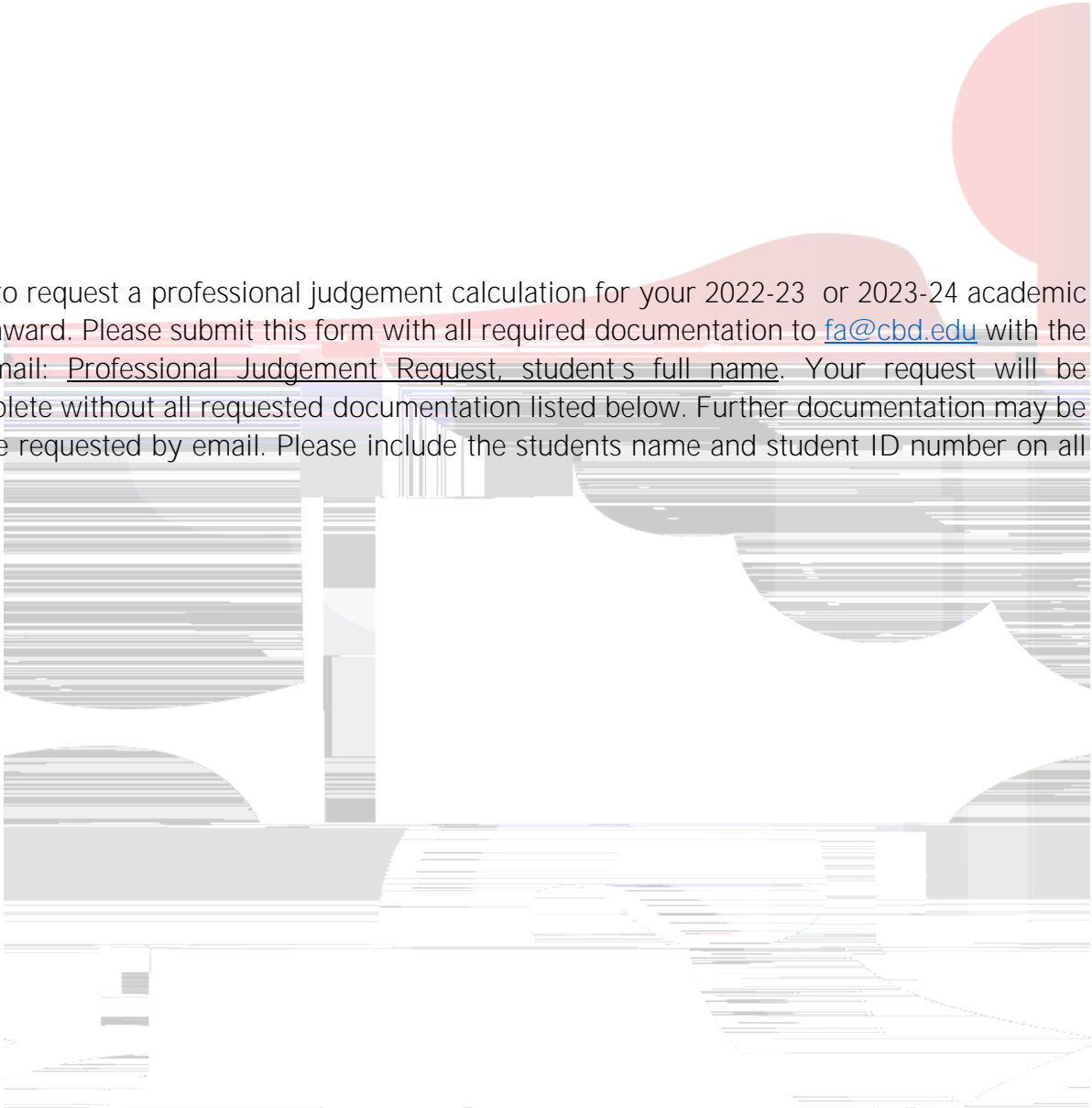


This form is used to request a professional judgement calculation for your 2022-23 or 2023-24 academic year financial aid award. Please submit this form with all required documentation to [fa@cbd.edu](mailto:fa@cbd.edu) with the subject of the email: Professional Judgement Request, student's full name. Your request will be considered incomplete without all requested documentation listed below. Further documentation may be needed and will be requested by email. Please include the student's name and student ID number on all documentation.

Student's Name



- Unusually high medical or dental expenses
- Changes in family's reported income

Examples of situations that do not warrant a professional judgement request:

- Credit card or other personal debt problems
- Car payments
- Mortgage payments
- Standard living expenses
- Vacation expenses

If a special circumstances request is submitted, you may be institutionally selected for Verification. This may cause corrections to your FAFSA and a change to your EFC or SAI.

If you have already been awarded and funds have been disbursed in the FAFSA award year, no further changes can be made to your FAFSA data elements.

You will be notified by email if your request for professional judgment is approved or denied. In many cases once the professional judgment is calculated, there will be no adjustment to the amount of Federal Pell Grant or other need-based aid. The Director of Financial Aid reserves the right to deny a professional judgement request that does not increase a student's eligibility for aid. The decision of the Director of Financial Aid is final and cannot be appealed to the Department of Education.

There are two types of special circumstance requests. There is a recalculation of an EFC or SAI, and a change to a student's Cost of Attendance (COA).

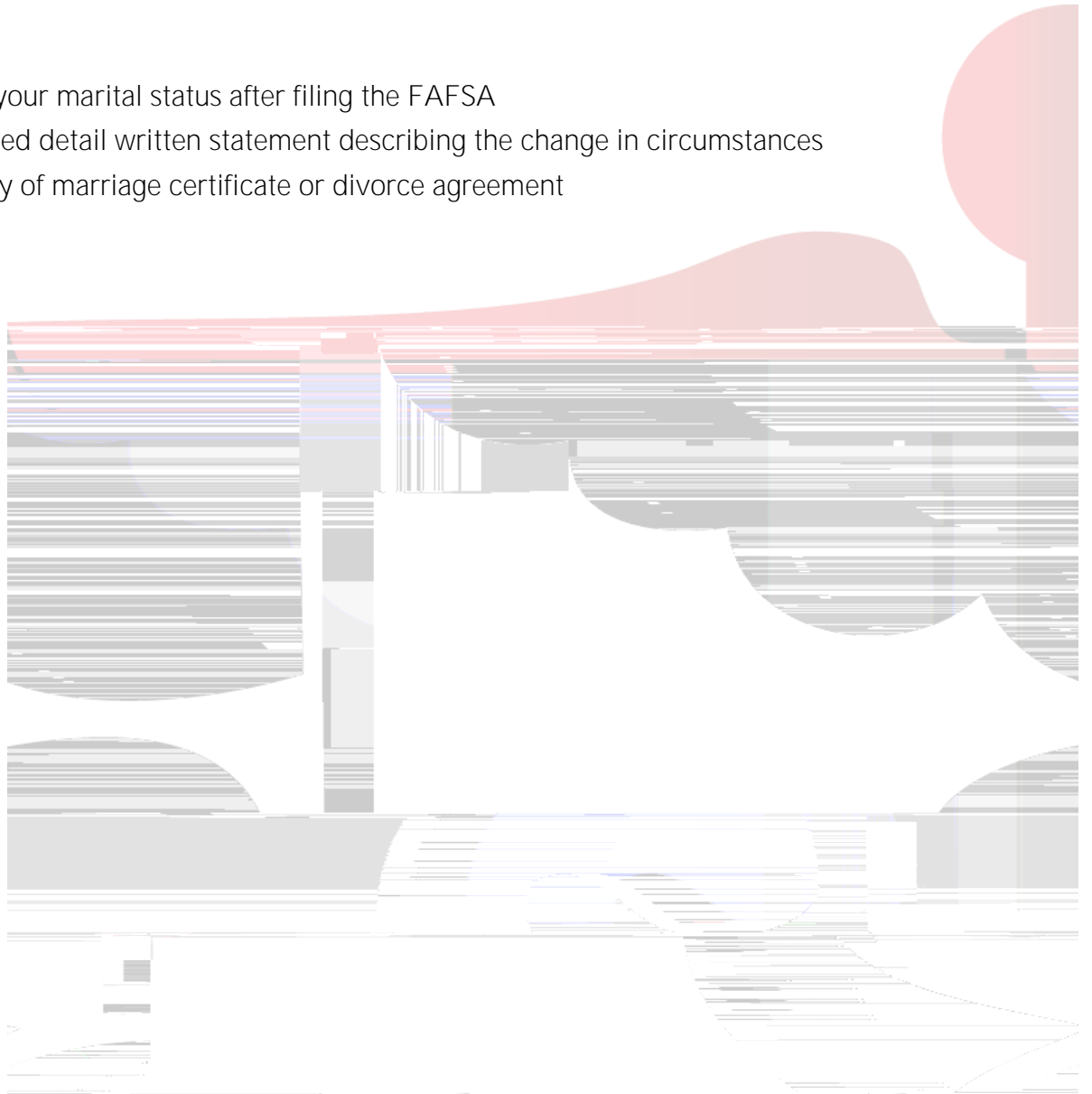
Examples of changes to a student's EFC or SAI are:

- Loss of employment



### Change in your marital status after filing the FAFSA

- Signed detail written statement describing the change in circumstances
- Copy of marriage certificate or divorce agreement
- 



### Excessive medical or dental expenses

- o Signed detailed written statement describing the expenses that were paid out of pocket
- o Bills and receipts with an itemized list with a total of all medical and/or dental expenses
- o Copy of Schedule A from your 2020 and 2021 federal tax return

### Disability

- o Signed detail written statement describing expenses paid out of pocket
- o Documentation of disability diagnosis
- o Bills and receipts of costs paid by you and not reimbursed

### Unusual or unexpected expenses not covered by someone else

- o Signed detailed written statement describing unusual or expected expenses, including dates
- o Copy of 2020 and 2021 federal tax return and W-2's
- o If request is submeBT/F4 10.11 Tm0 g0 G(o)JTJET@0.0000092 0 12 2 reW\*ny you and not reimbursed

